Benmiller Inn & Spa

Aesthetic Service Health History Form

Please take a moment to carefully read/fill-out the following form and sign where indicated. The information requested below will assist the spa providers in giving you treatments safely. Please feel free to let us know about questions or concerns you may have about the information being requested. Please note that all the information provided below will be kept confidential unless your written permission allows it or we are requested by law to provide it.

Name:_____
Address:_____ City:_____
Phone: ( ) _____ - _____ Email: _____
Date of Birth:_____ Occupation:_____

How did you hear about us? _____
Have you ever had this spa treatment(s) before? ❍ Yes ❍ No when?_____

1) Have you been under the care of a physician or other medical professional within the past year? ❍ Yes ❍ No
Please explain: _____

2) Any recent surgery, including plastic surgery? ❍ Yes ❍ No Please explain:
_____

3) Have you ever had an allergic reaction to any of the following? (Please circle all that apply and explain)
Cosmetics Medicine Food Animal Sunscreens Iodine Pollen AHAs
If yes, please explain:_____
_____

4) Do you have any metal implants or wear a pacemaker? ❍ Yes ❍ No

5) Female Clients Only
Menstruating? ❍ Yes ❍ No Are you pregnant? ❍ Yes ❍ No Are you lactating? ❍ Yes ❍ No Any menopausal challenges? ❍ Yes ❍ No Please specify: _____

6) List any medications and over-the-counter medications (including vitamins, herbal supplements, aspirin, etc.) you take regularly: _____

7) Have you had any of these health conditions in the past or present? (Please check all that apply)

❏ Headaches (chronic)	❏ Hormone imbalance	❏ Hepatitis	❏ Psoriasis
❏ Systemic disease	❏ Herpes	❏ High/low blood pressure	❏ Hyper sensitive skin
❏ Frequent cold sores	❏ Spinal injury	❏ Immune disorders	❏ Warts
❏ Thyroid condition	❏ HIV/AIDS	❏ Hysterectomy	❏ Nail Disorders
❏ Lupus	❏ Diabetes	❏ Cancer	❏ Athletes foot
❏ Bruise easily	❏ Heart problem	❏ Arthritis	❏ Asthma
❏ Varicose veins	❏ Epilepsy	❏ Depression	❏ Skin diseases
❏ Eczema	❏ Any active infection	❏ Blood clotting abnormalities	

8) I understand when receiving a non-RMT massage, it is for relaxation purposes only and I will not be assessed or treated for any specific issues and I will not be issued a receipt for the purpose of claiming.____(Initial)

If you are having a FACIAL please answer the following questions:
1) Do you smoke? ❍ Yes ❍ No
2) Do you follow a regular exercise program? ❍ Yes ❍ No
3) What is your stress level? High ❍ Medium ❍ Low ❍
4) What skin care products do you currently use?_____
_____
5) Do you use Retin-A, Renova, Glycolic Acid, AHA, Salicylic Acid, Retinol/Vitamin-A derivative products? ❍ Yes ❍ No Please describe:_____
6) Have you used any of these products in the last 3 months? ❍ Yes ❍ No
7) Have you used an acne medication? ❍ Yes ❍ No, when? _____ Which drug?_____
8) Do you form thick or raised scars from cuts or burns? ❍ Yes ❍ No
9) Any skin cancer? ❍ Yes ❍ No Please explain:_____
10) Do you have any piercings, tattoos, or permanent cosmetics? ❍ Yes ❍ No If yes, where on your person?
_____
11) List your daily consumption of: Water_____ Caffeine_____ Alcohol_____
12) Do you experience any problems sleeping? ❍ Yes ❍ No
13) How many hours do you typically sleep each night? _____
14) Do you wear contact lenses? ❍ Yes ❍ No
15) Do you burn or tan?_____
16) Have you ever experienced claustrophobia? ❍ Yes ❍ No
17) Do you suffer from sinus problems? ❍ Yes ❍ No
18) Have you ever had an adverse reaction after using any skin care product? (Please circle all that apply)
Rash Irritation Peeling Sun Sensitivity Breakout

Please be aware that some of our products may contain traces of nuts!

I fully understand that Benmiller Inn & Spa and its service providers may refuse to perform the treatments(s) I have requested, if a contraindication is stated. I understand that I have given up substantial rights by signing this release and that it represents an agreement between Benmiller Inn & Spa and me. I agree that my participation in treatment(s) is voluntary and I accept the inherent risks. I understand that the services offered are not a substitute for medical care or advice and any information provided by the aesthetician is for educational purposes only and not diagnostically prescriptive in nature. I understand that the information herein is to aid the aesthetician in giving better service and is completely confidential. A client form provides our service providers with the necessary information to complete a treatment safely and without complication. Conditions such as pregnancy (or possibility thereof), recent surgery and various other conditions can conflict with certain treatments. It is in your best interest to complete the necessary forms to the best of your ability. All information collected on a client form is strictly confidential and is only shared with our spa service providers. By signing this form, I fully understand and agree to everything on this health history form.

Signature: _____ Date: _____