Drenched Hydration
BEAUTY + WELLNESS

NEW CLIENT HISTORY FORM

Date_____
First Name_____
Last Name_____
DOB_____
Address_____
City_____ State_____
Zip_____
Home Phone_____
Cell Phone_____
Email_____

Ethnic background_____
Occupation_____
How did you hear about us?
_____

MEDICAL HISTORY
Are you allergic to latex, any medications, any herbal/natural supplements? YES NO
Please list:_____
_____

Do you have any chronic medical problems? YES NO
Please list_____
_____
Have you had any recent changes in your medical history? YES NO
Please list any current and past surgeries:_____
_____
_____
Are you taking any daily anticoagulants (including Aspirin, Motrin, or Advil)? YES NO
Are you a smoker? YES NO
Do you have a history of cold sores/fever blister? YES NO
If so, when was you last outbreak?
_____

Do you have a history of keloid scarring? YES NO

Have you ever been treated with injection, a laser, microdermabrasion, or chemical peel? YES NO
If so, please list:_____
_____

Have you ever been treated with injection, a laser, microdermabrasion, or chemical peel? YES NO
If so, please list:_____
_____

Do you have permanent makeup or tattoos? YES NO
If so, please list?
_____
_____

Women Only
Are you or could you be pregnant? YES NO
Are you currently breast feeding? YES NO

Additional information you would like us to know
_____
_____
_____

Client Signature_____
Date_____
Witness_____
Date_____

Drenched Hydration Beauty + Wellness and affiliates will not be held liable for any omission of health history on patient intake forms or in consultation. Signed consents are required for all therapies.