CANYON VIEW wellness & spa

Client Registration

Name (First, Middle, Last): _____ Date:

_____ Birth date: _____ Age: _____ Sex: Male_____ Female _____

Street Address:

_____

City: _____ State: _____ Zip Code:

_____ Primary Phone Number: cell/home/work _____ Secondary: cell/home/work

_____

Email Address: _____ It is okay to contact you on email: O Yes O No

Emergency Contact: _____ Phone:

_____

Relationship of Emergency Contact to Patient:

_____

Name of Primary Care Provider:

_____

Past Medical History: (Mark any of the following that you have been diagnosed or treated for)

____ Acne

____ Allergies

____ Anemia

____ Anxiety/Panic disorder

____ Asthma

Autoimmune Disorder

____ Bell's Palsy

____ Cancer, including skin cancer

____ Chemotherapy/Radiation

____ treatments

____ Cold sores/herpes/fever blisters

____ Depression/Mental Illness

____ Diabetes

____ Drug or Alcohol Addiction

____ Easy Bruising

____ Epilepsy/Seizures

____ Eye Disease/Vision Problems

____ Hepatitis/HIV

____ High Blood Pressure

____ Hypersensitivity to Medications

____ Migraines

____ Multiple Sclerosis

____ Muscle Weakness

____ Neurological Disorder

____ Numbness

____ Osteoarthritis/Osteoporosis

____ Pneumonia

____ Sensitivity/Allergy to Lidocaine

____ Sexually Transmitted Infections

____ Stroke

____ Thyroid Disease

____ Tuberculosis

Do you have any other health

problems?_____

Are you on any blood thinners (Coumadin, aspirin, etc.)? O Yes O No

Do you have a pacemaker? O Yes O No

Tobacco use: Yes No I smoke _____ cigarettes/cigars/pipe/ day

Allergies: (list any food, material or medications you are allergic to and reaction you had)

_____

_____

Medications and supplements: (currently taking)

_____

_____

_____

_____

Female Clients Only:

Are you pregnant, trying to get pregnant, or nursing? O Yes O No

Your Skin Care

Have you ever had a facial treatment before? O Yes O No When? _____

Which of the following best describes your skin type? (Please circle one type number)

I	Creamy complexion	Always burns easily, never tans
II	Light Complexion	Always burns, tans slightly
III	Light/Matte Complexion	Burns moderately, tans gradually
IV	Matte Complexion	Seldom burns, always tans well
V	Brown Complexion	Rarely burns, deep tan
VI	Dark Brown Complexion	Rarely burns, deeply pigmented

What areas of concern do you have regarding your skin? (Please check any that apply and explain)

Breakouts/acne	O	Uneven skin tone	O
Blackheads/whiteheads	O	Sun damage	O
Excessive oil/shine	O	Wrinkles/fine lines	O
Rosacea	O	Dull/dry skin	O
Broken capillaries	O	Flaky skin	O
Redness/ruddiness	O	Dehydrated	O
Sun spot/liver spot/brown spot	O	Other, please specify: _____	

Have you ever had or used:

Yes	No	
____	____	Accutane, last used: _____
____	____	Antibiotics for skin
____	____	Chemical Peel

____ ____ Herpes Medication

____ ____ Laser, type and last treatment: _____

____ ____ Retin A

____ ____ Topical Steroids

If you have had Botox, Dysport or Xeomin injections before, when was your last injection? _____ Which areas? _____ Have you been happy with your results? O Yes O No

Have you ever had eyelid/eyebrow droop after Botox/Xeomin/Dysport? O Yes O No

Have you had any Dermal Filler (Juvederm, Radiesse, Voluma, etc))procedures before? O Yes O No

If yes, what filler was used and were you happy with the results? _____ O Yes O No

Have you used any of the following hair removal methods in the past six weeks? (circle all that apply)

Shaving Waxing Electrolysis Epilating Tweezing Stringing Depilatories

Male Clients Only:

What is your current shaving system? Wet shave O Electric O

Do you experience irritation from shaving? O Yes O No, Ingrown hairs? O Yes O No

How did you hear about Canyon View Wellness and Spa?_____

What other services would you like to see at Canyon View Wellness and Spa? _____

_____

_____

_____

_____

I understand that this medical information is important for my treatment plan, that it is accurate and will not hold any staff member of Canyon View Wellness & Spa responsible for errors or omissions that I have made. If any changes occur in my medical history, I will update Canyon View Wellness & Spa as soon as possible.

Signature _____ Date

_____

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