De Premier Spa

950 Threadneedle St. Houston, TX * 281-496-3772* www.depremierspa.com

Client Health History: Microcurrent

Name:	
Address:State:Zi	City: p:
Home/Cell Phone:	Work Phone:
Email:	How should we contact you? Home/Cell
When is the best time to contact yo	ou? Morning: Daytime: Evening:
How did you hear of us?	Emergency contact name:
Phone:	Relationship to you:
Health History Please list any allergies you have:	
Please list all current medications y prescriptions, over-the-counter herbs, vitamins and supplements):	you are taking (including oral and topical

These questions are relevant to your skin health and may be contraindications for treatment. Please answer thoroughly.

Question	Υ	N	Details If applicable	Adverse Reactions? If applicable
Are you pregnant or nursing?				
Do you wear contacts or glasses?				
Do you have any metal implants, including plates, screws or pins?				
Do you have any metal piercings?				
Do you use a pacemaker?				
Do you have any heart problems?				
Do you have high/low blood pressure?				
Do you have braces, metal fillings or other dental implants?				
Do you currently have a cold or flu?				
Do you have an autoimmune disorder or connective tissue disease?				
Have you had any previous facial treatments?				
Do you use Retin-A®, Accutane® or any other prescribed topical Vitamin A derivative?				
Have you ever had Botox®, Juvederm®, or any other injectable?				

Have you ever had any of these conditions? (Please circle)						
	Acne rosacea	Bell's palsy	Cold sores	Diabetes	Embolism	Epilepsy
L	ight sensitivity	Melanoma	Migraines	Open wounds	Phlebitis	Recent scar tissue
	Sensitive skin	Skin inflammation/ disorders	Stroke/TIA	Thrombosis	Thyroid conditions	Varicose veins
An	y other health	condition not listed	:			

Is there anything else we should know about?	
Signature:	Date:
Practitioner's Signature	Date