HAVEN MEDICAL SPA

Med Spa Intake Form - Supplement to Full Health History

SKIN RELATED HEALTH SURVEY (check all that apply currently or in the past):

- ☐ Acne/Oily Skin
- ☐ Rosacea
- ☐ Psoriasis/Eczema
- ☐ Oral Accutane
- ☐ Topical Retinol
- ☐ Tanning Bed
- ☐ Skin Cancer
- ☐ Keloid Scars
- ☐ Vitiligo
- ☐ Cold Sores
- ☐ Herpes
- ☐ Implants
- ☐ Permanent makeup
- ☐ Botox/Dysport/Fillers
- ☐ Pacemaker
- ☐ Heart Disease
- ☐ Latex Allergy
- ☐ Lupus
- ☐ Diabetes
- ☐ HIV
- ☐ Hepatitis
- ☐ Bleeding Disorder
- ☐ Seizures
- ☐ Shingles

WHICH OF THE FOLLOWING CONCERNS DO YOU HAVE ABOUT YOUR SKIN?

- ☐ Age Spots
- ☐ Skin Laxity, Wrinkles
- ☐ Large Pores
- ☐ Unwanted Hair
- ☐ Thinning Hair
- ☐ Redness
- ☐ Stretch Marks
- ☐ Scars
- ☐ Hypopigmented/Dark areas
- ☐ Hyperpigmented/Light areas
- ☐ Cellulite
- ☐ Sensitive Skin

CONCERNS YOU WOULD LIKE TO ADDRESS: _____

_____

PREVIOUS FACIAL / SKIN TREATMENTS, CHEMICAL PEELS, BODY CONTOURING PROCEDURES: _____

_____

CURRENT SKINCARE PRODUCTS: _____

_____

CONSENT TO PHOTOGRAPH

I give permission for photos before and after treatment to be stored by my Practitioner as confidential material. ☐ **Yes** ☐ **No**

I give permission for the above photos to be used for marketing purposes, with care to maintain confidentiality. ☐ **Yes** ☐ **No**

_____

GENERAL TREATMENT CONSENT

My signature confirms I understand it is my duty to provide truthful information for the skin health survey above, and to reveal any condition that may have an effect on my treatments.

Print Name _____ Date of Birth _____

Signature _____ Date _____