NSF#

Confidential Client Health History Form

First name _____ Date _____

Nationality_____ Marital Status_____

Your Health

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

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

3) Any skin cancer? ❍ No ❍ Yes, explain: _____

4) Have you had any piercings, tattoos, or permanent cosmetics? ❍ No ❍ Yes, If yes, where on your person?
_____
_____

5) Have you ever had a body spa treatment before? ❍ No ❍ Yes, when: _____

6) Have you had any of these health conditions in the past or present?
(Please check all that apply and provide additional information in the space provided)

Cancer	❑	Headaches (chronic)	❑
Hormone imbalance	❑	Hepatitis	❑
Systemic disease	❑	Herpes	❑
High blood pressure	❑	Frequent cold sores	❑
Spinal injury	❑	Immune disorders	❑
Thyroid condition	❑	HIV/AIDS	❑
Hysterectomy	❑	Lupus	❑
Diabetes	❑	Metal bone pins or plates	❑
Heart problem	❑	Phlebitis, blood clots, poor circulation	❑
Varicose veins	❑	Blood clotting abnormalities	❑
Arthritis	❑	Psychological treatment	❑
Asthma	❑	Insomnia	❑
Eczema	❑	Keloid scarring	❑
Epilepsy	❑	Skin disease/skin lesions	❑
Seizure disorder	❑	Any active infection	❑
Fever blisters	❑		

7) Has your physician discussed concerns about raising your body temperature? ❍ No ❍ Yes

explain: _____
_____