

Personal History

Full Name: _____

Phone: _____ Work: _____ Cell : _____ Cell Provider: _____

Address: _____ City: _____

Email: _____ Birthday: _____

How did you hear about us?: _____ If referred, by whom?: _____

Medical History

___ Do you have high blood pressure?

___ Do you have low blood pressure?

___ Are you diabetic?

___ Do you have arthritis?

___ Are you prone to Warts?

___ Do you take hormones?

___ Do you suffer from hair loss?

___ On any chemo meds/radiation treatments?

___ Are you pregnant? What trimester? ___ Do you get facial Herpes Simplex? (cold sores)

___ Do you have Allergies? If so what are they? _____

What medications are you currently taking? _____

___ Do you wear contact lenses? If yes, you MUST remove them prior to your eyelash extension appointment.

Skin Care Health

___ Have you ever used any Retinol or Acutane products before? If so when? _____

What are your skin concerns and or challenges? _____

What skin care products are you currently using on your skin?

Cleanser

Toner

Moisturizer

Eye Cream

Serum

SPF

Mask

Exfoliant

Other _____

What do you wish to accomplish by visiting us today? _____

Thank you for choosing Synergy Centre Esthetics. We require 48 hours cancelation notice, you may be charged a full appointment fee for failing to do so. Due to the nature of our services and products no refunds are issued/permitted.

I _____ have filled out this Medical History with accurate information, have read and understood this Medical History, and have agreed to have services performed at Synergy Centre Esthetics.

Signed: _____

Date: _____