Bliss YogaSpa

Today's Date _____

Personal History

Name _____ Occupation _____

Cosmetics

What brands are you currently using:

Serum _____ Toner _____

Eye Makeup Remover _____ Exfoliator _____

Moisturizer _____ Skin Cleanser _____

Other: _____

Medical History

Are you currently under the care of a physician? ☐ Yes ☐ No

Are you currently under the care of a dermatologist? ☐ Yes ☐ No

Do you have a history of erythema abigne, a persistent skin rash from prolonged exposure to heat or infrared irritation? ☐ Yes ☐ No

Are you pregnant? ☐ Yes ☐ No How many months? _____

Please check any skin or body conditions that may apply:

☐ Eczema	☐ Cancer/pre-cancer	☐ Diabetes	☐ Arthritis
☐ Psoriasis	☐ Thyroid disease	☐ Hepatitis (A,B,C)	☐ Herniated disk
☐ Dermatitis	☐ Heart Disease	☐ HIV/AIDS	☐ Pinched Nerve
☐ Keloids	☐ High Blood Pressure	☐ Hysterectomy	☐ Spinal Injury
☐ Skin cancer	☐ Lupus	☐ Headaches	☐ Stress
☐ Herpes/cold sores	☐ Epilepsy	☐ Asthma	☐ Other

Are you taking any of the following medication?

☐ Accutane	☐ Avita	☐ Differin	☐ Retin A
☐ Renova	☐ Glycolic Acid	☐ Triple Bleach	☐ Hydroquinone
☐ Antibiotics	☐ Coumadin	☐ Other: _____	

Are you allergic to any of the following?

☐ Aspirin	☐ Salicylic Acid	☐ Cosmetics	☐ Food Allergies
☐ Iodine	☐ Latex	☐ Medications	☐ Fragrances

List Medications: _____

List Allergies: _____

Detail Medical Conditions/surgeries: _____

Other considerations: _____

_____

_____

_____

Date Signature