COPPER TREE RETREAT
MASSAGE • MEDSPA

Client Questionnaire

Name: _____ Date: _____

Medical History

Have you ever had (please check all that apply):

- ⎔ Heart Disease
- ⎔ Heart Attack/ Chest Pain
- ⎔ Hypertension
- ⎔ Endocrine or hormone disorder
- ⎔ Heart pacemaker or defibrillator
- ⎔ Delayed or abnormal wound healing
- ⎔ Eye Conditions
- ⎔ Hepatitis
- ⎔ Pregnancy
- ⎔ Diabetes
- ⎔ HIV or AIDS
- ⎔ Easy bleeding or Bruising

List any active medical problems you have: _____
List any medications you currently take: _____
List any medication allergies you have: _____
Are you allergic to any metals: _____ Are you allergic to latex? _____
Do you use any tobacco products?: _____

Surgical History

List and operations you have had:

1._____ 2. _____ 3._____
4. _____ 5. _____ 6._____

Dermatologic History

Have you ever had (please check all that apply):

- ⎔ Chronic skin condition
- ⎔ Photosensitivity
- ⎔ Keloid or hypertrophic scar
- ⎔ Pigmentation disorder
- ⎔ Recent waxing or plucking
- ⎔ Skin cancer
- ⎔ Herpes simplex or cold sores
- ⎔ Accutane use for acne
- ⎔ Tetracycline use
- ⎔ Electrolysis / threading
- ⎔ Laser skin resurfacing
- ⎔ Chemical peel
- ⎔ Botox injection
- ⎔ Collagen/ dental fillers
- ⎔ Sunburn or Tan

What is your ethnic background: _____
When exposed to sun, do you usually: ⎔ Always burn ⎔ Burn easy ⎔ Tan after initial burn
⎔ Burn minimally, tan easily ⎔ Rarely burn, tan dark easily ⎔ Never burn, always tan darkly

Do you use sunscreen regularly? Y/N. Do you use artificial or "sunless" tanning products Y/N
List any special skin care products you use:_____

_____

Client Signature: _____Date:_____