Client Questionnaire

Name: _____ Age: _____ Date of Birth: _____ Gender: ◯ M ◯ F

Address: _____ City: _____ State: _____ Zip: _____

Telephone: Home: _____ Cell: _____ Work: _____

Email: _____ (so receive appointment reminders & monthly specials) How did you hear about Image ReNu? _____

In case of emergency, whom should we contact? _____ Phone: _____

Medical History

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

- ☐ Heart disease
- ☐ Heart attack or chest pain
- ☐ Hypertension
- ☐ Heart pacemaker or defibrillator
- ☐ Diabetes
- ☐ Easy bleeding or bruising
- ☐ Delayed or abnormal wound healing
- ☐ Hepatitis
- ☐ Eye conditions
- ☐ HIV or AIDS
- ☐ Endocrine or hormone disorder
- ☐ Current or recent pregnancy

List any active medical problems you have: _____

List any medications you currently take: _____

List any medications allergies you have: _____

Are you allergic to any metals? _____ Are you allergic to latex? _____ Do you use tobacco products: _____

Surgical History

List any operations you have had:

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

Dermatologic History

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

- ☐ Chronic skin conditions
- ☐ Photosensitivity
- ☐ Keloid or hypertrophic scar
- ☐ Pigmentation disorder
- ☐ Recent waxing or plucking
- ☐ Skin cancer
- ☐ Herpes simplex or cold sores
- ☐ Accutane use for acne
- ☐ Tetracycline use for acne
- ☐ Electrolysis of threading
- ☐ Laser skin resurfacing
- ☐ Chemical peel
- ☐ Botox injection
- ☐ Injection of collagen or other dermal filler
- ☐ Recent sunburn or tan (include tanning bed)

What is your ethnic background? _____

When exposed to the sun, do you usually: ☐ Always burn, never tan ☐ Burn easily, tan poorly ☐ Tan after initial burn

☐ Burn minimally, tan easilly ☐ Rarely burn, tan darkly easily ☐ Never burn, always tan darkly

Do you use sunscreen regularly? _____ Do you use artificial or "sunless" tanning products? _____

List any special skin care products you use: _____

Client Signature: _____ Date: _____

Parent or Guardian (if patient is under (18 years of age): _____