

Client Intake Form

Legal First & Last Name:	Preferred Nam	ie:	
DOB (m/d/y):	Gender:		
Address:	City:		
Province:	Postal Code:		
Best Contact Number:	Alternate Phone Number:		
Email:	*How did you hear about us:*		
Emergency Contact:	PH: Relatio	onship:	
Alberta Health Care Number:			
Are you currently under the care of a physician?			
What brings you in today?			
Skin History			
□Acne/Acne Scarring	Unwanted Hair	Skin laxity	
□Brown Spots/Sun Damage	□Pigmented Lesions	Skin Texture/Scars	
Spider Veins	Rosacea	□Flushing of the skin	
□Fine Lines and Wrinkles	🗖 Melasma	Crows Feet	
Dry Skin	Large Pores	Deep Lines/Shadows	
Are you currently taking/using any of the following for your skin condition?			
Hydroquinone or bleaching agent	Accutane	Retin-A	
Do you form thick or raised scars (keloid)?		🗆 Yes 🗖 No	
Do you develop hyperpigmentation?		🗆 Yes 🗖 No	
Are you planning a vacation in the sun in the next 3 months?		🗆 Yes 🗖 No	
When were you last exposed to extensive sun light or a tanning booth?			
Do you require information on sun screen/skin cancer prevention?		🗆 Yes 🗖 No	



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MEDICAL HISTORY

Do you have any of the following conditions?				
□ Arthritis	Chest Pain	HIV/AIDS		
Any active infection	Epilepsy or seizures	Neurologic disorder		
Bleeding disorders	Heart Disease	Sensitive teeth		
Bruising	Hepatitis	□ Moles		
Dark spots from pregnancy	Herpes Simplex (Cold Sores)	🗖 Skin injury		
Diabetes	High blood pressure	Vision deficits		
Cancer	Hormone imbalance	Thyroid disease		
□ Other:				
DO YOU TAKE ANY OF THE FOLLOWING?				
□Insulin	□ Appetite suppressants	Thyroid medication		
Sedatives	Aspirin or Ibuprofen	Hormone/contraceptives		
Blood thinners	Cortisone or steroids	Anti-Depressants		
Antibiotics ***PLEASE LIST NAMES OF ALL MEDICATIONS:				
For female patients: Are you pregnant/breastfeeding?				
Do you have allergies to any of the Following?				
□ Topical skin care products □Anest	hesia 🗖 Latex 🗖 Food 🗖 P	lants Medications		
□Other:				
I have answered the questions contained in this questionnaire to the best of my knowledge.				
I understand it is my responsibility to inform my practitioner of my current health conditions while seeking treatment as a patient. I will update this information as it occurs if there are changes to my health in between treatments.				
Signature:	Date:			
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