

# *Sculpture Inc. The Total Skin Care Experience*

## **Health History Form** **Personal Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
D.O.B: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Email Address:** \_\_\_\_\_ (please print)

How did you hear about us? \_\_\_\_\_

Have you had any previous skin care for the face or body? \_\_\_\_\_

If yes, What was the goal of treatment? \_\_\_\_\_

Current Medications: \_\_\_\_\_

Body Piercings: \_\_\_\_\_

Allergies (list all): \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Operations\*\*, date: \_\_\_\_\_

Please indicate all conditions you have experienced. **Mark C** for current, **P** for past

### **Skin:**

\_\_\_\_ Rashes  
\_\_\_\_ Bruise easily  
\_\_\_\_ Cellulite  
\_\_\_\_ Dryness  
\_\_\_\_ Skin diseases/allergies\*\*  
\_\_\_\_ Fever Blister/Cold Sore  
\_\_\_\_ Eczema  
\_\_\_\_ Psoriasis

### **General Symptoms:**

\_\_\_\_ Loss of Sleep  
\_\_\_\_ Fatigue  
\_\_\_\_ Weight Loss/Gain  
\_\_\_\_ High Stress

### **Cardiovascular:**

\_\_\_\_ Heart conditions\*  
\_\_\_\_ Pacemaker\*  
\_\_\_\_ Thrombosis\*  
\_\_\_\_ Poor circulation  
\_\_\_\_ Varicose veins\*\*

### **Other:**

\_\_\_\_ Insulin Dependant Diabetes\*\*  
\_\_\_\_ Epilepsy, on medication\*\*  
\_\_\_\_ Kidney or Liver disorder\*  
\_\_\_\_ Multiple Sclerosis\*\*  
\_\_\_\_ Pregnant or planning a pregnancy\*  
\_\_\_\_ Cancer\* (explain) \_\_\_\_\_

\_\_\_\_ Less than 6 weeks  
post partum\*  
\_\_\_\_ Breast Feeding\*  
\_\_\_\_ Copper 7 I.U.D.\*  
\_\_\_\_ Large metal pins/plates\*

Do you take ANY hormones in any form? If so, explain \_\_\_\_\_

**Lifestyle Questions:**

Regular eating habits: Y / N

Daily Water Intake: (circle) NONE LOW AVERAGE Over 8 Glasses a day

Do you take vitamins: Y / N Type: \_\_\_\_\_

Regular exercise: Y / N Type: \_\_\_\_\_ Frequency: \_\_\_\_\_

Energy level: Low Average High

Do you suffer from Stress? Y/ N If yes circle : LOW AVERAGE HIGH

What GOALS do you have from your treatments at Sculpture? \_\_\_\_\_

Do you see a Dermatologist? If so explain: \_\_\_\_\_

What topical solutions do you use on your skin? Mark C for current and P for Past

Retin A \_\_\_\_\_ Acne Topicals (list) \_\_\_\_\_

Glycolic Acid \_\_\_\_\_ Depilatories \_\_\_\_\_

Benzoyl Peroxide \_\_\_\_\_ OTHERS: \_\_\_\_\_

Do you (circle ONE) BURN USUALLY BURN BURN THEN TAN USUALLY TAN ALWAYS TAN

In the past have you neglected o wear sun block? Y N

Have you ever had a facial sunburn? Y N

Did you or do you pursue a tan OR sun bathe? Past or Currently Still Do

Family history of skin cancer? Y N If Yes, explain \_\_\_\_\_

How are you currently caring for your skin? Please be as specific as possible:

**A.M**

Cleanse \_\_\_\_\_

Exfoliate or Toner \_\_\_\_\_

Antioxidant \_\_\_\_\_

Moisturizer \_\_\_\_\_

Sun Protection \_\_\_\_\_

**P.M.**

Cleanse \_\_\_\_\_

Exfoliate or Toner \_\_\_\_\_

Stimulate/Rejuvenating \_\_\_\_\_

Special creams or serums \_\_\_\_\_

Moisturize \_\_\_\_\_

Skin Bleaching Products? \_\_\_\_\_

Eye Creams \_\_\_\_\_

Masks? \_\_\_\_\_

**Contraindications for Ionithermie treatment:** Heart conditions, Pacemaker, Thrombosis, Less than 3 months after major surgery, Copper 7 I.U.D, Kidney or Liver disorder, Large metal pins/plates, Pregnant or planning a pregnancy, Less than 6 weeks post partum, Breast Feeding, Cancer (within one year). **Possible Contraindications (please seek the advice of your physician):** Skin diseases/allergies, varicose veins, Insulin Dependant Diabetes, Epilepsy (on medication), Multiple Sclerosis, Drugs causing skin sensitivity.

**Please Read carefully and sign.**

- I understand that many skin treatments are rejuvenating and will require several administrations to achieve best results.
- I understand that most skin rejuvenating treatments are combined with specific home care products to see maximum results.
- I am advised that that though good results are expected, they cannot be and are not guaranteed.
- I agree to refrain from any tanning booths and sun bathing while undergoing treatment and agree to wear sun protection with a minimum of SPF 20
- Prior to any skin treatments I have been candid in revealing any condition or circumstance that may any bearing on any services I am receiving.
- I understand that although complications are rare, sometimes they may occur and prompt treatment is necessary. In the event of any complication, I will immediately contact Sculpture, Inc. for proper advice and/or treatment.

I have read and understand the contraindications.

I attest that the information I have provided is true and complete to the best of my knowledge.

I understand that the information I have provided on this form is confidential and will not be released without my consent.

I understand that I am responsible for any charges incurred in the course of treatment.

**I understand that 24 hours notice is required to cancel or reschedule all future appointments, or full charges will apply.**

No refunds will be given on packaged services.

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**Signature**

**Today's date**

**Print Name** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_