



GETTING TO KNOW YOU



St. Clair Skin Care ~ Love the Skin You're In

I always enjoy getting to know my clients and in order to better serve you it helps to have a bit of information about your health. I'd appreciate it if you would take time to answer the questions on this form ~ please print clearly so I am able to read and learn about you.



Name: _____ Age: _____ DOB: _____

Address: _____ City: _____

State: _____ Zip: _____ eMail _____

Daytime Phone: _____

In Case of Emergency: _____ Phone: _____

- | | | |
|--|-----|----|
| 1) Do you have arthritis | Yes | No |
| 2) Do you have any contagious diseases | Yes | No |
| 3) Are you pregnant or lactating | Yes | No |
| 4) Are you trying to become pregnant | Yes | No |
| 5) Are you a diabetic | Yes | No |
| 6) Do you have any recent injuries | Yes | No |
| 7) Do you smoke | Yes | No |
| 8) Do you consume alcohol | Yes | No |
| 9) Are you currently receiving chemo/radiation | Yes | No |
| 10) Do you have any health issues | Yes | No |

If Yes, please explain: _____

11) Please list all OTC and prescribed medications you are taking:
