

Name:	Date:	Occupation:		
Address:	Phone:	Date of Birth:		
City:	State:	Zip Code:		
Cell: Phone:	Contact me by <input type="checkbox"/> Text <input type="checkbox"/> Cell	Emergency Contact:		
How did you hear about us:		Referral Name:		
General Health				
1. Rate your level of stress: (5 = highest, 1= lowest) 5 4 3 2 1				
2. Are you pregnant or nursing? Yes No				
3. Do you wear contact lenses? Yes No				
4. Do you smoke? Yes No How many cigarettes per day?				
5. Please list any accidents or surgeries in the last 9 months:				
6. Do you have any metal implants, a pacemaker or body piercings?				
7. List the medications you are currently taking:				
Prescription	Over the Counter			
Health History				
Heart Condition	lymph Edema	Herpes/Shingles	High Blood Pressure	Low
Numbness/Tingling	Sinus Problems	Allergies	Chronic Pain	
Rashes	Jaw Pain/TMJ	Blood Clots	Constipation	
Diabetes	Gas/Bloating	Headaches	Arthritis	
Broken/Fractured Bones	Pregnancy (___ weeks)	Fatigue/Sleep Disorder	Depression/Anxiety	
Other (explain):				
Skin Care				
1. Are you under the care of a dermatologist? Yes No				
2. Do you use: Accutane Retin A Renova Adapalene Other prescription skin products				
3. Have you had a: Chemical Peel Microdermabrasion Botox Other resurfacing treatments				
4. Are you currently using any products that contain: Glycolic Acid Lactic Acid Hydroxy Acid Vitamin A				
5. Do you have any skin sensitivities or irritants				
6. Have you had any other laser treatments? Yes No If so where: _____				

Skin Maintenance					
Products You Use:	Soap	Cleanser	Toner	Moisturizer	Exfoliator
Skin Type:	Oily/Congested	Dry/Dehydrated	Sensitive/Redness	Acne	Sunburned
Eczema	Claustrophobia	Psoriasis	Iodine or Shellfish		
Have you been tanning in the last 24 hours?	Yes	No	Are you going or coming from a vacation?	Yes	No
Do you use a sunscreen regularly? Which sunscreen? _____					

It is my choice to receive these Services from Enlighten Aesthetic of Cleveland. I have completed this form to the best of my knowledge. I have stated all medical conditions that I am aware of and I will update the staff at Enlighten Aesthetic of Cleveland of any changes to my health status. I understand that the staff at Enlighten Aesthetic of Cleveland do not diagnose illness, disease, or physical or mental disorders, nor do they prescribe medical treatments, pharmaceuticals, or perform spinal manipulations. I acknowledge that these treatments are not a substitute for medical examination or diagnosis, and that is recommended I see a primary health care provider for that service. If I am unable to make a scheduled appointment, I agree to cancel the appointment 24 hours in advance by phone, unless I have an emergency. In this case I will call ASAP to reschedule my appointment. If I miss a scheduled appointment without giving 24 hour notice, I agree to pay the missed appointment fee that applies.

I understand that any illicit or sexually suggestive behavior, remarks or advances made by me will result in the immediate termination of the session and I will be liable for payment of the scheduled service.

Name

Date