



# Health History Update

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## **No Changes to My Health History**

I have confirmed that there have been no changes to my health history and I have not started any new medications since my last visit. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications. I am aware that it is my responsibility to inform my therapist/estetician of my current medical or health conditions and to update this history. The treatments I receive here are voluntary and I release this office and/or skin care professional from liability and assume full responsibility.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **New Health History Information/Update**

I have confirmed that there have been changes to my health history since my last visit and have made note of those changes below. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. I am aware that it is my responsibility to inform my skin care therapist of my current medical or health conditions and to update this history. The treatments I receive here are voluntary and I release this institution and/or skin care professional from liability and assume full responsibility thereof.

New medications: \_\_\_\_\_

I \_\_\_\_\_ am currently being treated by my physician for the following condition: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_