Healthplus Acupuncture and Remedial Massage

New Client Intake Form (Beauty)

Personal Information

First Name _____ Last Name _____ DOB _____

Contact Number _____Email _____ Occupation _____

Address _____ Post Code _____

Consent to Promotional Emails & Messages ☐yes ☐no

Medical Information

Are you taking any medications? ☐yes ☐no

If yes, please list name and use: _____

_____

_____

Are you currently pregnant? ☐yes ☐no

If yes, how many weeks? _____

Any high risk factors? _____

Please indicate any condition you have had in the past or currently have from the list.

☐AIDS/HIV ☐Herpes

☐Hepatitis ☐Cancer

☐Varicose Veins ☐Cold Sores/Fever Blisters

☐Eczema/Psoriasis ☐Diabetes

Waxing Information

Are you taking any medications that wakes you photosensitive? ☐yes ☐no

Do you frequent tanning beds? ☐yes ☐no

Are you currently sunburn? ☐yes ☐no

Are you using any of the following medications today?

☐Accutane ☐Avita

☐Adapalene ☐Tazarotene

☐Isotretinoin ☐Tretinoin

☐Retin-A ☐Avage

☐Renova ☐Differin

☐Alustra

If you are, you cannot be waxed today.

Eyelash Extension Information

Do you wear contact lenses? ☐yes ☐no

Have you had eyelash extensions before?

☐yes ☐no

If yes, please specify any reactions or sensitivities:

_____

_____

Do you have any allergies? ☐yes ☐no

Any eye problems in the last 4 weeks? ☐yes ☐no

If yes, please specify: _____

_____

Do you perm or tint your lashes? ☐yes ☐no

Do you use eye products (e.g drops) ☐yes ☐no

If yes, please specify: _____

_____

Type of eye makeup remover and mascara:

_____

_____

Eyelash preferences:

☐Thicker ☐Longer

☐Dramatic Look ☐Natural Look

☐Long-Term Wear ☐Special Occasion

By signing below, you agree to the following.

I have completed this form to the best of my ability and knowledge and agree to inform my therapist if any of the above information changes at any time.

Client Signature: _____ Date: _____