

**Tia Rex, Aesthetician**  
**HEALTH HISTORY**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

I understand that it is imperative to my health and safety that I disclose all of the information requested in this Health History form.

List all sensitivity, intolerance, or allergic reactions to any product, plant, animal, food or fragrance.

List all prescription drugs, vitamins or supplements you are taking.

List any cosmetic facial surgery or invasive treatments in the last 6 months.

List all current medical conditions you have or are in treatment for.

Do you have any non-titanium metal in teeth or bones?

Are you pregnant?

How does your skin react to the sun?

Have you seen a dermatologist in the last year?

Would you consider your skin dry, normal, oily, combination, acne prone, or sensitive?

Is there a skin issue or condition you would like your esthetician to address or know about for your facial?

Any active cold sores or fever blisters?

If so, please reschedule your facial until it is completely healed as these are highly contagious and can spread to the eyes, or any open wound easily.

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

Aesthetician Signature \_\_\_\_\_ Date \_\_\_\_\_

