SkillsCompétences Canada
Regina2025

Client Information and Health History

To provide you with the most appropriate treatment, completion of the following questionnaire will assist the esthetician. All information is confidential.

Medical History: Are you currently under the care of a medical or health care professional? Yes☐ No☐

History	Comments		
Medical	**Yes**	**No**	
Pregnant/ Planning			
Pacemaker			
Metal Implants			
Diabetes			
Herpes Simplex			
Migraines			
Autoimmune			
Cancer current/ recovered			
Radiation in past 3month			
Chemotherapy in past 3month			
Epilepsy			
Blood Pressure Issues			
Circulatory Disorders			
Varicose Veins			
Heart Conditions			
Embolism/Thrombosis			
Bruise Easily			
Edema			
Undiagnosed Swelling			
Loss of Tactile Sensation			
Arthritis /Osteoporosis			
Broken Bones/Strains			
Recent Surgery			
Mobility Issues			
Anxiety/Depression			
Claustrophobia			
Vertigo			
Asthma			
Thyroid Issues			
Gynecological Issues			
Menopausal Symptoms			
Digestive Disorders			
Hepatitis			
Skin Disorders			
Allergies	**Yes**	**No**	
Sun Reaction			
Medication			

Environmental						
Food						
Latex						
Aspirin						
Cosmetic Ingredients						
Other not mentioned						
Nutrition						
Do you have a regular eating schedule?						
Do you follow a balanced diet?						
Do you add additional salt or sugar						
Do you eat Fast Food?						
Daily water consumption						
Daily caffeine consumption						
Lifestyle						
Stress levels	1 2 3 4 5 6 7 8 9 10					
Sleep Pattern	Good	Poor	Restless	# Hours of uninterrupted sleep		
Physical Activity Level	Walk	Swim	Cardio	Resistance Training	Team Sport	Sedentary
Skin Specifics	**Yes**	**No**				
Recent microblading			Date:	Comments:		
Recent permanent makeup			Date:	Comments:		
Recent Laser			Date:	Comments:		
Hair Removal			Date:	Comments:		
Botox			Date:	Comments:		
Fillers			Date:	Comments:		
Chemical Peel			Date:	Comments:		
Sun/tanning bed exposure			Date:	Comments:		

I certify that the information I have provided is current and correct. I am aware that it is my responsibility to inform the esthetician of any changes to medications or medical conditions. I understand the treatment procedures and any possible reactions that could occur. I hereby give my consent to receive the treatment.

Client Signature: _____ Date: _____