

Synergy Aesthetics & Laser Clinic

Personal History



Full Name: _____

Phone: _____ Work: _____ Cell : _____

Address: _____ City: _____

Email: _____ Birthday: Day _____ Month _____ Year _____

Medical History - required for Microblading, Extensions, Laser & other Procedures

____ Do you have high blood pressure? ____ Do you have low blood pressure? ____ Do you Swell Easily?

____ Are you diabetic? ____ Do you bruise easily? ____ Do you have arthritis?

____ Have you ever tested positive HIV/ Hepatitis? ____ Have you ever had eye surgery?

____ Do you suffer from hair loss? ____ On any chemo meds/radiation treatments?

____ Are you pregnant? What trimester? ____ Do you get facial Herpes Simplex? (cold sores)

____ Do you wear contact lenses? Yes / No If yes, you MUST remove them prior to your eyelash appointment.

____ Do you have Allergies? If so what are they? _____

____ Do you have Allergies to Anesthetics? If so what are they? _____

List any pre-existing medical conditions? _____

Are you taking any anti-inflammatory, steroid or blood thinning medications? _____ -

What medications are you currently taking? _____

When was your last Botox or Filler treatment? _____

Skin Care Health

What skin care products are you currently using on your skin?

- Cleanser Toner Moisturizer Eye Cream Serum
- SPF Mask Exfoliant Other _____

When was the last time you used Retinol or Acutane products? _____

What are your skin concerns and or challenges? _____

Thank you for choosing Synergy Aesthetics. We require 48 hours cancelation notice, you may be charged a full appointment fee for failing to do so. Due to the nature of our services and products no refunds are issued/permitted.

I _____ have filled out this Medical History with accurate information, have read and understood this Medical History, and have agreed to have services performed at Synergy Aesthetics.

Signed: _____

Date: _____