LOTUS SCHOOL
of
INTEGRATED PROFESSIONS

Esthetics Confidential Volunteer Health History Form Date: _____/_____/_____

Name: _____ Date of Birth:____/_____/____If under 18 requires parent/guardian signature

Address: _____E-mail: _____

Cell Phone:_____ Home Phone: _____ Business Phone:_____

Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Your Health

1) Have you been under the care of a physician, dermatologist or other medical professional within the past year? O No O Yes, explain: _____

2) Any recent surgery, including plastic surgery? O No O Yes, explain: _____

3) Any skin cancer? O No O Yes, explain: _____

4) Have you had any piercings, tattoos, permanent cosmetics? O No O Yes, If Yes, where on your person?

_____

_____

5) Do you smoke? O No O Yes

List any medications you take regularly: _____

List any over the counter medications (including vitamins, herbal supplements, aspirin, etc.) you take regularly: _____

6) Have you had any of these health conditions in the past or present?

(Please check all that apply and provide additional information in the space provided)

Cancer	□	Headaches (Chronic)	□
Hormone imbalance	□	Hepatitis	□
Systemic disease	□	Herpes	□
High blood pressure	□	frequent cold sores	□
Spinal injury	□	Immune disorders	□
Thyroid condition	□	HIV/AIDS	□
Hysterectomy	□	Lupus	□
Diabetes	□	Metal bone pins or plates	□

Heart problem	□	Arthritis	□
Psychological treatment	□	Asthma	□
Insomnia	□	Eczema	□
Keloid scarring	□	Seizure disorder	□
Skin disease/skin lesions	□	Fever Blister	□
Any active infection	□		

Phlebitis, blood clots, poor circulation, varicose veins Blood clotting abnormalities □

7) Has your physician discussed concerns about raising your body temperature? O No O Yes

Explain:

_____

_____

8) Do you use Retin-A, Renova, Adapalene Hydroxyl Acid, Deferin, Glycolic Acid, AHA, Salicylic Acid or Retinol/vitamin A derivative products? O No O Yes

9) Have you used any of these products in the last 3 months? O No O Yes

10) Have you used an acne medication? O No O Yes, when? _____ Which drug? _____

11) Do you form thick or raised scars from cuts or burns? O No O Yes

12) Do you have Hyperpigmentation (darkening of the skin) or Hypopigmentation (lightening of the skin) or marks after physical trauma? O No O Yes, describe: _____

13) Do you wear contact lenses? O No O Yes

14) Have you been exposed to the sun or used a tanning bed in the last 48 hours? O No O Yes

15) How frequently are you exposed to the sun or use a tanning bed?

_____ Infrequently _____ Frequently _____ Regularly

16) Do you have any metal implants or wear a pacemaker? O No O Yes

17) Have you ever had an adverse reaction after using any skin care product? (Circle all that apply)

Rash Irritation Peeling Sun Sensitivity Breakout

18) Have you ever had an allergic reaction to any of the following? (Circle all that apply)

Cosmetics Medicine Food Animals Sunscreens Iodine Pollen AHAs

Fragrance Shellfish Latex Drugs Other: _____

If yes, please explain:

_____

_____

Female Volunteers Only (questions 19-22):

19) Are you taking oral contraceptives? O No O Yes

20) Are you pregnant or trying to become pregnant? O No O Yes

21) Are you lactating? O No O Yes

22) Any menopause problems? O No O Yes

Please use this space to complete answers where space was insufficient. (Please include the number of the question)

_____
_____
_____
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* *

I, _____, agree to be a client volunteer and understand that this practice esthetics session is ***free of charge***. I understand there will be a nominal school administration fee. A 24 hour notice is required if I need to cancel or reschedule my appointment. If I do not provide the required notice, I am responsible to pay 50% of the administrative fee prior to scheduling any future appointments. This practice session is intended to be a learning experience for the student. I agree not to hold the student, responsible for anything that occurs as a result of this esthetics session. It is my responsibility to let the student know if the esthetics techniques being used during the session cause discomfort in any way.

I understand, have read and completed this questionnaire truthfully. 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 the student / teacher of my current medical or health conditions and to update this history. I understand that receiving esthetic treatments could cause bleeding, bruising, and/or scarring. The treatments I receive here are voluntary and I release the Lotus School of Integrated Professions, faculty and students from liability and assume full responsibility thereof.

If volunteer is a minor under 16 years of age, parent or guardian must be present for consultation and treatment.

If volunteer is a minor between 16 and 18 years of age, parent or guardian must be present for consultation and is encouraged to say during the treatment.

Volunteer Signature: _____ Date: _____/_____/_____

*Parent/Legal Guardian: _____ Date: _____/_____/_____
**Required if client under 18 years of age*

Volunteer Name: _____

I hereby consent to and authorize _____ to perform the following procedure:
Student Name

Treatment/Procedure:_____

I have voluntarily elected to undergo this treatment/procedure after the nature and purpose of this treatment has been explained to me, along with the risks and hazards.

Date: ____/_____/____ Initial _____

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* *

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* *

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Date: ____/_____/____ Initial _____

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