

CONFIDENTIAL HEALTH HISTORY UPDATE

Name: _____

Address: _____

Date: _____

No Changes to My Health History

I have confirmed that there have been no changes to my health history and I have not started any new medications since my last visit. 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 contra- indications and/or irritation to the skin from treatments received. I am aware that it is my responsibility to inform my skin care therapist of my current medical or health conditions and to update this history. The treatments I receive here are voluntary and I release this institution and/or skin care professional from liability and assume full responsibility thereof.

Client Signature: _____ Date: _____

New Health History Information/Update

I have confirmed that there have been changes to my health history since my last visit and have made note of those changes below. 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 contra- indications and/or irritation to the skin from treatments received. I am aware that it is my responsibility to inform my skin care therapist of my current medical or health conditions and to update this history. The treatments I receive here are voluntary and I release this institution and/or skin care professional from liability and assume full responsibility thereof.

New medications: _____

I am currently being treated by my physician for the following condition: _____

Client Signature: _____ Date: _____