

First name:	Last name:
Birthday:	Email:
Mobile phone #:	Emergency contact person:
Home phone #:	Emergency phone #:
Address: City:	Relationship:
Province: Postal Code:	How did you hear about us?

**Please indicate any conditions you are experiencing, past or present.**

**SKIN**

- Bruise easily
- Athlete's foot
- Rash  
Type: \_\_\_\_\_
- Warts
- Skin tag
- Eczema
- Psoriasis
- Rosacea
- Other: \_\_\_\_\_

**Are you currently on any blood thinners?**  Yes  No

**Have you taken Accutane in the past year?**  Yes  No

**Are you using Lactic Acid, Glycolic Acid or Fruit Acids (AHAs)?**  
 Yes  No

**Are you using Retin-A, Retinol, or Topical Vitamin C?**  Yes  No

**Have you had a chemical peel or microdermabrasion treatment?**  
 Yes  No

**Are you Pregnant?**  Yes  No

**DO YOU HAVE ANY OF THE FOLLOWING?**

- Open lesion/broken skin
- Cyst, boil, pustule
- New scars
- Water retention (edema)

**RESPIRATORY**

- Chronic cough
- Shortness of breath
- Bronchitis
- Asthma
- Emphysema
- Pneumonia
- Sinus problems

**HEAD HISTORY**

- Tension
- Migraines
- Tooth/jaw/ear pain
- Head trauma (ie: concussion)  
Date: \_\_\_\_\_
- History of headaches  
Type: \_\_\_\_\_
- Dizziness/fainting
- Other: \_\_\_\_\_

**INFECTIOUS DISEASE**

- Hepatitis
- Infection/skin conditions
- Tuberculosis
- Aids/HIV
- Herpes
- Other: \_\_\_\_\_

**CURRENT MEDICATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OTHER CONDITIONS**

- Neurological condition
- Epilepsy
- Diabetes I Onset: \_\_\_\_\_
- Allergies I Type: \_\_\_\_\_
- Cancer I Type: \_\_\_\_\_
- Pacemaker
- Insomnia
- Hemophilia
- Dialysis
- Positional vertigo
- Pins/wires/prosthetics
- Medic alert bracelet
- Specify: \_\_\_\_\_

**(BODY SUGARING ONLY)**

Is this your first time sugaring? Yes No

Your current hair removal method(s):\_\_\_\_\_

**WARNING!** *You may experience skin sensitivity from the following.*

→Sunburn      →Menstruation      →Antibiotics      →Pregnancy      →Alcohol or caffeine

Please note that sugaring can have certain side effects such as skin removal, bruising, redness, swelling, tenderness, itchiness, etc.

I ACCEPT THESE TERMS

**(90 MINUTE FACIALS ONLY)**

**NOT** for those who are pregnant, recently had a surgery, had Botox within the past 24 hours or those with metal implants. (e.g., pacemaker, screws, pins, staples, braces etc.)

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**Additional Information:** *You can use this space to communicate any additional information such as preferred name, pronouns, triggers, concerns, etc.*

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**CANCELATION & NO-SHOW POLICY**

At least **24 hours** is needed to cancel or reschedule any appointments. Failure to do so will result in a fee.

**10%** service fee to cancel/reschedule within **24 hours**

**30%** service fee for **1<sup>st</sup> no show**

**100%** service fee for **2<sup>nd</sup> no show**

Will require full payment before rebooking any future appointments.

I ACCEPT THESE TERMS

I have completed my medical history form as provided and disclosed to the esthetician and/or sugarist my existing medical conditions and or any concerns. The information provided is true and complete to the best of my knowledge. I understand that I may withdraw my consent to assessment and/or treatment. I intend this consent to cover the assessment and treatment discussed and will hold them harmless from any liability that may result from this treatment. I understand that all information gathered is confidential and client assume full responsibility for all personal property brought into the clinic premises. All photos taken will be property of Embody Wellness Studio and Clinic.

I ACCEPT THESE TERMS

Patient Name: (Please print)\_\_\_\_\_

Patient Signature:\_\_\_\_\_Date:\_\_\_\_\_

Parent/guardian Signature (under 18):\_\_\_\_\_Date:\_\_\_\_\_