



## MOBILE ESTHETICS QUESTIONNAIRE

The following information will be used to determine if there are any potential conflicts between services we provide and your known medical conditions. This information will be kept in absolute confidence.

1. Do you have any heart conditions or heart disease?      Yes/No      Explain: \_\_\_\_\_
2. High Blood Pressure?      Yes/No      Explain: \_\_\_\_\_
3. Low Blood Pressure?      Yes/No      Explain: \_\_\_\_\_
4. Diabetes / Hypoglycaemia?      Yes/No      Explain: \_\_\_\_\_
5. Thyroid Condition? Hyperthyroid / Hypothyroid      Yes/No      Explain: \_\_\_\_\_
6. Skin Lesions?      Yes/No      Explain: \_\_\_\_\_
7. Severe Injuries?      Yes/No      Explain: \_\_\_\_\_
8. Recent Surgery?      Yes/No      Explain: \_\_\_\_\_
9. Allergies?      Yes/No      Explain: \_\_\_\_\_
10. Have you ever had an adverse reaction to any type of clay, seaweed, aromatherapy or other product or cosmetic?      Yes/No      Explain: \_\_\_\_\_

Do you have any specific concerns that your esthetician should be aware of? \_\_\_\_\_

\_\_\_\_\_

Are there any other conditions that your esthetician should be aware of? \_\_\_\_\_

\_\_\_\_\_

I Certify that the above statements are true and correct, and that I (print name), \_\_\_\_\_ have been informed by my esthetician of the nature of the service(s) being provided.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_