



## AESTHETICS & WELLNESS

### MEDICAL HISTORY UPDATE

To provide you with the most appropriate treatment, we need you to complete the following questionnaire. All information is strictly confidential.

#### PERSONAL HISTORY

Client Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact/phone: \_\_\_\_\_

#### HEALTH HISTORY AND LEGAL DISCLOSURE

**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 nurse practitioner 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. I hereby authorize that any legal claims made towards Aria Aesthetics and Wellness, PLLC, will only involve the practitioners performing the procedure and/or the owners of Aria Aesthetics and Wellness, PLLC. I release the facility (Swerve Salon and Spa), the staff of the facility, and the medical director from any liability

**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.

New medications: \_\_\_\_\_

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

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 nurse practitioner 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. I hereby authorize that any legal claims made towards Aria Aesthetics and Wellness, PLLC, will only involve the practitioners performing the procedure and/or the owners of Aria Aesthetics and Wellness, PLLC. I release the facility (Swerve Salon and Spa), the staff of the facility, and the medical director from any liability

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

Date/Time: \_\_\_\_\_