

# Mudwraps to Manicures Health Record

This file is kept strictly confidential.

It is important to answer all questions honestly and precisely to insure you will receive accurate treatment. Thank you.

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

Apt/Unit: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

For confirmations, would you prefer to be contacted by phone or email? \_\_\_\_\_

Would you like to receive our emails? \_\_\_\_\_

Birthday: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year (optional): \_\_\_\_\_

Currently on medications: Yes No  
(If yes please list) \_\_\_\_\_

Have you ever taken Accutane: Yes No

Are you Pregnant: (if Yes, trimester? \_\_\_\_\_) Yes No

Do you wear contact lenses: Yes No

Have any known or suspected diseases/ illness: Yes No  
(If yes please list) \_\_\_\_\_

Thyroid problems: Yes No

Hormone problems: Yes No

Diabetes: Yes No

Anxiety: Yes No

Claustrophobia: Yes No

Heart condition: Yes No

Any known allergies: Yes No  
(If yes please list) \_\_\_\_\_

Are you or have you under gone:

Vitamin A / Acid treatments: Yes No

Chemical peels: Yes No

Do you tan regularly: Yes No

Do you smoke: Yes No

Do you drink coffee / tea / colas: Yes No

Do you drink water daily: Yes No

Do you exercise: Yes No

Regular menstruation: Yes No

Do you use a facial cleansing regime: Yes No

If so which: Cleanse \_\_\_\_\_ Tone \_\_\_\_\_ Moisturize \_\_\_\_\_ Exfoliate \_\_\_\_\_ Mask \_\_\_\_\_

What are your concerns with your skin? : \_\_\_\_\_ Puffy eyes/Dark circles \_\_\_\_\_ Redness

\_\_\_\_\_ Breakouts \_\_\_\_\_ Oily \_\_\_\_\_ Fine lines/wrinkles \_\_\_\_\_ Dryness \_\_\_\_\_

How did you hear about Mudwraps to Manicures? \_\_\_\_\_

Name of client who we may thank for referring you \_\_\_\_\_

For Bikini Wax: I certify that I am over 18 years old: \_\_\_\_\_

I understand that Mudwraps to Manicures accepts no responsibility for any outcome that occurs due to my failure to disclose or misrepresentation of any pertinent medical information

Client signature: \_\_\_\_\_

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