THURSDAY'S
calabasas

CONFIDENTIAL SKIN HEALTH QUESTIONNAIRE

PATIENT/CLIENT INFORMATION

Date_____

Name_____

Address_____

_____

_____

Date of birth_____ Age_____

MEDICAL INFORMATION

Family physician_____

Do you smoke?_____ How often?_____ Living with a smoker?_____

Have you been treated for: (please check)

❍ Acne ❍ Depression ❍ Skin Disease ❍ High Blood Pressure

❍ Cold Sores ❍ Diabetes ❍ Cancer

List of all allergies/allergic_____

List all medications that you are currently taking_____

Are you pregnant? _____ Trying to get pregnant? _____ Hormone therapy?_____

Are you prone to cold sores?_____

PERSONAL INFORMATION

Circle your current level of stress 1 2 3 4 5 6 7 8 9 10

Circle your normal level of stress 1 2 3 4 5 6 7 8 9 10

How many ounces of water do you drink daily? _____ Do you take supplements/vitamins?_____

Do you exercise? _____ If so, how often? _____ Your last sun burn? _____ Do you use tanning beds? _____

When you go out into the sun, do you: (please check one)

❍ Always burn (I) ❍ Usually burn (II) ❍ Sometimes burn (III) ❍ Rarely burn (IV) ❍ Very rarely burn (V) ❍ Never burn (VI)

Have you ever been under the treatment plan of a:

❍ Dermatologist ❍ Plastic surgeon ❍ Esthetician

Are you concerned about skin conditions on your **body**? (check all that apply)

❍ Sun spots ❍ Skin laxity ❍ Dry/rough

What skin line are you currently using? _____

Do you use a daily environmental protection product (sun block)? _____

If not, why? _____

Circle how you feel about the overall quality of your skin:

(Bad) 1 2 3 4 5 6 7 8 9 10 (Fantastic)

Your skin type is?: (please check one)

❍ Normal ❍ Dry/dehydrated ❍ Oily ❍ Acne/acne prone ❍ Rosacea

In order of importance, please rank 1 (most important) to 5 (least important) improvement in the next 30 days:

____ Reduction of fine lines

____ Reduction of brown spots/sun damage

____ Reduction of oil/acne

____ Acne scars diminished

____ Reduction of redness

Release and Indemnity:
I agree that I am aware of the risks of participating in the services provided by Thursday's and I acknowledge that my participating is entirely voluntary. I understand the treatments involve the use of heated water, heated paraffin, heated towels, heating pads, micro-current technology, oils, lotions, essential oils, hair and makeup. I assume all risks involved in my participation in the services provided by Thursday's. I agree to release and forever discharge Thursday's, its owners, its directors, employees and contractors from any claims, losses, damages, actions or causes of action arising out of any loss, injury, or damage to my person or property arising from my involvement with the services provided by Thursday's.

I acknowledge that I am over 18 years of age and I have read this Waiver Form and I agree to be bound by this Release and Indemnity, I accept the above Disclaimer Clause by checking this form.

I have read this document and I understand, comply and agree with all guidelines.

Thank you for completing this confidential questionnaire. This information will allow your professional skin care specialist to provide the optimum products and services.

Signature _____ Date _____

Parent Signature (if under 18)_____ Date _____