GENERAL INFORMATION

Name	Today's Date (mm/dd/yy)	Occupation	
Address	City	State	Zip
Cell phone # Other Contact #	Date of birth (mm/dd/yyyy)	Email	

EMERGENCY CONTACT INFORMATION

Emergency Contact Name:

Relationship:

Emergency Contact Phone Number:

How did you hear about us?

☐ Internet search using_____.com

☐ Ad

☐ Gift Card

☐ Friend/referral
Who referred you?_____

☐ Infinity Acupuncture

HEALTH INFORMATION

Do you smoke? ☐ No ☐ Yes- How many cigarettes per day? _____

Please check all that apply:

☐ Arthritis	☐ Irregular digestion	☐ Herpes Virus	☐ Keloid/Hypertrophic scars	☐ Sun Allergy
☐ Circulatory problems	☐ Hypertension	☐ Eye infection/disorder	☐ MRSA	☐ Iodine or shellfish allergy
☐ Sleep problems	☐ Varicose Veins	☐ Heart Disease	☐ Chronic pain	☐ Osteoporosis
☐ Diabetes	☐ Claustrophobia	☐ Eczema	☐ Epilepsy	☐ Serious sunburn or exposure
☐ Facial Warts	☐ Headaches	☐ Psoriasis	☐ Sciatica	☐ Hyper/ hypothyroid

List any other health concerns here:_____

Are you pregnant or nursing? ☐ No ☐ Yes-weeks pregnant:_____ ☐ Yes-Nursing

Have you ever been diagnosed with any form of cancer? ☐ No ☐ Yes:_____

Allergies? Please list:

SKIN CARE

Are you under the care of a dermatologist? ☐ Yes ☐ No

Do you use any of the following:

☐ Accutane ☐ Retin A ☐ Renova ☐ Adapalene ☐ Resorcinol ☐ Scrub or Peel

Other prescription skin products? ☐ No ☐ Yes: Please list. Be specific:_____

Are you currently using any products that contain the following:

☐ Glycolic Acid ☐ Lactic Acid ☐ Hydroxy Acid ☐ Vitamin A ☐ Vitamin C

☐ No, I am not using any products containing the ingredients listed above.

Have you had any of the following:

☐ Chemical peel ☐ Microderm ☐ Botox ☐ Dermal Filler ☐ Permanent Cosmetics

Other resurfacing treatments? ☐ No ☐ Yes: Please list. Be specific:_____

Any serious side effects? ☐ No ☐ Yes: Please list. Be specific:_____

Skin Maintenance

Skin Type:

☐ Oily/Congested ☐ Dry/Dehydrated ☐ Sensitive/Redness ☐ Acne

Have you been tanning in the last 24 hours? ☐ No ☐ Yes

In the last week have you had: ☐ Waxing ☐ Electrolysis ☐ Neither

If using the follow products, please record the brand and frequency of use in the table below

Product	Brand	Frequency of Use
Soap/Cleanser		
SPF		
Toner		
Exfoliator		
Masque		
Moisturizer		

What are your skin care concerns/goals?

Relax!
MASSAGE THERAPY
& SKIN CARE