CANADIAN BOARD OF AESTHETIC MEDICINE
Medical Aestheticians

Medical History

Client Name: Date of Birth:
Address: City: State: Postal:
Email Address:

General Information

1. Are you currently under the care of a Physician? ◯ Yes ◯ No
   If yes, what for?
2. Are you currently under the care of a Dermatologist? ◯ Yes ◯ No
   If yes, what for?
3. Do you have a history of erythema abigne, which is a persistent skin rash produced by prolonged or repeated exposure to moderately intense heat or infrared irritation? ◯ Yes ◯ No
4. Do you have any of the following medical conditions? (check all that apply)
   - ☐ Cancer ☐ Diabetes ☐ High blood pressure ☐ Herpes ☐ Arthritis
   - ☐ Frequent cold sores ☐ HIV/AIDS ☐ Keloid scarring ☐ Skin diseases/lesions
   - ☐ Seizure disorder ☐ Hepatitis ☐ Hormone imbalance ☐ Thyroid imbalance
   - ☐ Blood clotting abnormalities ☐ Any active infection
5. Do you have any other health problems or medical conditions? Please list:
6. Have you ever had an allergic reaction to any of the following? (check all that apply)
   - ☐ Food ☐ Latex ☐ Aspirin
   - ☐ Hydrocortisone ☐ Hydroquinone ☐ Lidocaine
   - ☐ Others

Medications

7. What oral/topical medications are you presently taking?
   ☐ Birth Control pills ☐ Hormones ☐ Others
8. Are you on any mood altering or anti-depression medication? ◯ Yes ◯ No
9. Have you ever used Accutane? ◯ Yes ◯ No If yes, when did you last use it?
10. What herbal supplements do you use regularly? Others

History

11. Have you ever had laser hair removal? ◯ Yes ◯ No
12. Have you had any recent tanning or sun exposure? ◯ Yes ◯ No
13. Do you form thick or raised scars from cuts or burns? ◯ Yes ◯ No
14. Do you have Hyperpigmentation (darkening of the skin), or Hypopigmentation (lightening of the skin or marks)
    after physical trauma? ◯ Yes ◯ No If yes, please explain:
15. Have you ever had local anesthesia with lidocaine? ◯ Yes ◯ No

Female Clients

16. Are you pregnant or trying to become pregnant? ◯ Yes ◯ No
17. Are you breastfeeding? ◯ Yes ◯ No
18. Are you using contraception? ◯ Yes ◯ No

Medical History (page 2)

Which of the following best describes your skin type?

- ○ I Always burn, never tan
- ○ II Always burn, sometimes tan
- ○ III Sometimes burn, always tan
- ○ IV Rarely burn, always tan
- ○ V Brown, moderately pigmented skin
- ○ VI Heavily pigmented skin, very dark hair

Client Signature ______________________ Date __________

Treatment Provider ______________________ Date __________

Medical Director ______________________ Date __________