UNC WELLNESS CENTERS MEADOWMONT

Client Profile and Records

Name _____ Date _____

Home Address _____

Home Phone _____ Work or Mobile Phone _____

Date of Birth _____ Email _____

Please respond to the following: **YES** **NO**

1. Have you seen a doctor in the past year for a skin disorder? ☐ Yes ☐ No

2. Are you experiencing any skin problems now? ☐ Yes ☐ No
   If yes, please explain _____

3. Have you ever had acne? ☐ Dermatitis ☐ Eczema ☐ Psoriasis ☐ Seborrhea
   Herpes Simplex ☐ Foot Fungas or Warts ☐ When? _____

4. Have you undergone any facial cosmetic surgery, chemical peel and/or microdermabrasion? ☐ Yes ☐ No
   If yes, please explain _____

5. Are you currently under a doctor's care for anything else? ☐ Yes ☐ No
   If yes, please explain _____

6. Are you currently taking any prescription drugs? ☐ Yes ☐ No
   If yes, please list and explain _____

7. Have you ever reacted unfavorably to any skin care product? ☐ Yes ☐ No
   If yes, please list and explain _____

8. Please check all products that you have used within the last 30 days.
   Retin-A ☐ Benzoyl Peroxide ☐ Alpha Hydroxy Acids ☐ Self-Tanners ☐

   Buff Puffs ☐ Granular Scrubs ☐ Hydroquinone ☐ Other Chemical Exfolinats ☐

9. Have you ever used any of the above products in the past? ☐ Yes ☐ No
   If yes, please list and explain _____

10. Do you exercise regularly? ☐ Yes ☐ No

11. Approximately how many cups of liquid do you drink each day?
    Water _____ Coffee/Tea/Cola _____ Juice _____ Alcohol _____ Other _____

12. Are you pregnant? ☐ Yes ☐ No

13. Do you smoke? ☐ Yes ☐ No

14. Do you wear contact lenses? ☐ Yes ☐ No
If yes, please remove them for our sessions.

15. Describe your skin? ◯ Extremely Dry ◯ Dry ◯ Oily ◯ Combination

16. What are your goals for your Bellanina Facelift Massage session?

17. Please check all products you are currently using on your skin and the frequency:

Product	Daily	Occasionally	Brand Name
Cleanser	☐	☐	
Toner	☐	☐	
Moisturizer	☐	☐	
Eye Cream	☐	☐	
Facial Scub/Peel	☐	☐	
Masque	☐	☐	
Retin-A	☐	☐	
Glycolic Acid	☐	☐	
Sun Block	☐	☐	
Other	☐	☐	

I have listed all my known medical conditions and physical limitations and I will inform my massage therapist of any changes in my physical health. The Massage Therapist does not diagnose any medical, physical, or mental disorder nor prescribe medication or perform any spinal manipulations. I am responsible for consulting a qualified physician for any physical ailments that I may have. I understand the statements above and release the Massage Therapist and the UNC Wellness Center at Meadowmont from any and all claims of malpractice, non-disclosure, or lack of informed consent. I freely assume any and all risks of treatment whether presently contemplated or hereinafter discovered.
I understand that I am responsible for all payments of services rendered to me unless prior arrangements have been made. I understand that I will be responsible to pay for all appointments scheduled to me unless I call at least 24 hours prior to my appointment time to cancel or reschedule.

Signature Date:

Print Name