

# Client Health History: Light-Emitting Diode (LED) Therapy



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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ How should we contact you? Home/Cell Phone: \_\_ Work Phone: \_\_ Email: \_\_

When is the best time to contact you? Morning: \_\_ Daytime: \_\_ Evening: \_\_

How did you hear of us? \_\_\_\_\_ Emergency contact name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

## Health History

Please list any allergies you have: \_\_\_\_\_

\_\_\_\_\_

Please list all current medications you are taking (including oral and topical prescriptions, over-the-counter herbs, vitamins and supplements): \_\_\_\_\_

\_\_\_\_\_

***These questions are relevant to your skin health and may be contraindications for treatment. Please answer thoroughly.***

| Question   | Y | N | Details<br><i>If applicable</i> | Adverse Reactions?<br><i>If applicable</i> |
|--|---|---|---------------------------------|--|
| Are you pregnant or nursing?   |   |   |                                 |  |
| Do you wear contacts or glasses?   |   |   |                                 |  |
| Do you have any heart problems?  |   |   |                                 |  |
| Do you have high/low blood pressure?   |   |   |                                 |  |
| Do you currently have any open wounds?   |   |   |                                 |  |
| Have you ever been diagnosed with epilepsy?  |   |   |                                 |  |
| Do you have an autoimmune disorder or connective tissue disease?                     |   |   |                                 |  |
| Have you had any previous facial treatments?   |   |   |                                 |  |
| Do you use Retin-A®, Accutane® or any other prescribed topical Vitamin A derivative? |   |   |                                 |  |
| Do you use any medications that cause light sensitivity?                             |   |   |                                 |  |

Any other health condition not listed: \_\_\_\_\_

\_\_\_\_\_

Is there anything else we should know about? \_\_\_\_\_

\_\_\_\_\_