



Epiphany Spa & Wellness Inc.
15 — 1400 Cornwall Rd.
Oakville, Ontario L6J7W5
(416) 786-1609

Contractor:

Nurse Practitioner

Assessment:

Last Name: _____ First: _____

Date: _____ Address: _____

City: _____ Postal Code: _____

Telephone: Home: () _____

Cell: () _____ Date of Birth: D ____ /M ____ /Y ____

Age: _____ E-mail: _____

Occupation: _____

Do you plan pregnancy within the next 2 years? _____

Family Physician: _____ City: _____

How may we remind you of your appointment? ☐ Email ☐ Phone ☐ No reminder please

How did you hear about us? ☐ Spa client ☐ Internet ☐ Friend other _____

Do not have Botox or Fillers if you are pregnant, breastfeeding or 3 months after delivery.

Medical History

Major Illnesses: (e.g.: cancer, diabetes, surgery, etc.):

Current Medications (dose not required) including vitamins:

Allergies:

Have you ever had any of the following skin conditions:

- ☐ Acne ☐ Psoriasis ☐ Warts ☐ Hyper/hypo pigmentation ☐ Keloid (thick) scarring
☐ Facial spider veins ☐ Eczema ☐ Herpes

Have you previously had:

- ☐ Botox® ☐ Facial laser ☐ Facial surgery ☐ Permanent fillers/implants ☐ Fillers
☐ Laser hair removal ☐ Skin tightening ☐ Facial peel ☐ Facial trauma
☐ Microdermabrasion ☐ Chronic headaches ☐ Hyperhidrosis

Your concerns:

- ☐ Wrinkles ☐ Spider Veins ☐ Uneven Skin Surface ☐ Brown Spots ☐ Red Spots
☐ Headaches ☐ Excessive Sweating ☐ Loose skin

Have you ever had a bad reaction to fillers or Botox®? _____

Do you have a history of:

- ☐ Lupus ☐ Polymyositis ☐ Hemophilia ☐ Multiple Sclerosis ☐ Muscular Dystrophy
☐ Rheumatoid arthritis

In the last 2 weeks have you used:

- ☐ Blood thinners ☐ Aspirin ☐ Anti-inflammatories ☐ Autoimmune Disorders ☐ Infection
☐ Dental Work (cleaning, bridges etc.) ☐ Antibiotics ☐ Travel _____

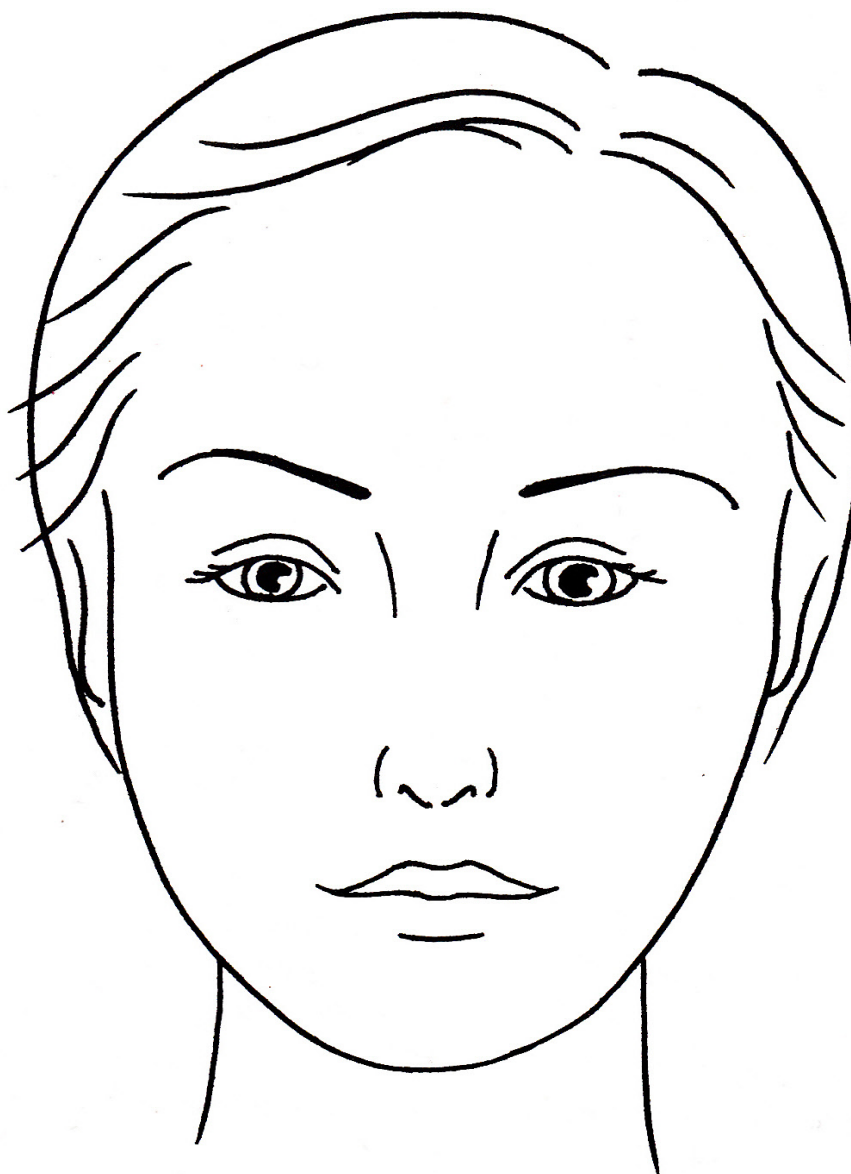
Client Signature: _____ Date: _____

Client Name: _____

Notes: _____

Product used: _____ Lot #: _____ Units: _____

Practitioner Signature: _____



Date : _____

Follow up:

Product used: _____ Lot #: _____ Units: _____