

UNIQUE TO YOU Confidential Client Health History UPDATE Form



Name: _____ Date: _____

_____ **No Changes to My Health History**

_____ **New Health History Information/Update**

New medications: _____

I am currently being treated by my physician for the following condition/s:

I have confirmed my health history since my last visit and have made note of any changes above. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. I am aware that it is my responsibility to inform my skin care therapist of my current medical or health conditions and to update this history. The treatments I receive here are voluntary and I release this institution and/or skin care professional from liability and assume full responsibility thereof.

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