



Cosmetics @ The Guest House:
605 Brunt Blvd. Suite B, Sikeston, MO. 63801
P: 573-803-3995
F: 573-803-5222

Last Name _____ First Name _____ MI _____

Social Security# ____/____/____ Date of Birth ____/____/____ Male _____ Female _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Email _____ Referred By _____

Emergency Contact Name _____

Phone Number _____

Please list any drug, makeup, skin or food allergies (soaps, cleansing creams): _____

Are you under the care of medical provider now or in the last two years? _____

If yes, please provide the medical provider's name, address and phone number _____

Please list all medications you are currently taking (include OTC, prescriptions, herbal and supplements): _____

Have you recently undergone a skin peel? _____

What products do you use for skin care? _____

Do you have or have you ever had any of the following conditions (answer yes or no):

_____ Abnormal Heart Condition _____ Cold Sores _____ Herpes Simplex _____ Hemophilia

_____ High or Low Blood Pressure _____ Prolonged Bleeding _____ Circulatory Problems

_____ Epilepsy _____ Diabetes _____ Fainting Spells/Dizziness _____ Glaucoma

_____ Dry Eye _____ Corneal Abrasion _____ Eye Surgery or Injury _____ Blepharoplasty

_____ Visual Disturbances _____ Cancer _____ Tumors/Growths/Cysts

_____ Chemotherapy/Radiation _____ Pregnant (currently) _____ Hepatitis

_____ Do you wear contact lenses? _____ Are you using any eye drops or other ocular medications?

_____ Have you ever experienced hyperpigmentation from an injury? _____ Do you use tobacco products?

_____ Are you currently taking aspirin or ibuprofen? When was your last eye exam? ____/____/____

Signature

Date

