NATURAL HEALTH CARE CENTER
Promoting Total Health Awareness

Cory M. Blust, MT
672 Miami St., Suite B
Tiffin, OH 44883
(419) 447-1888 (Office) (419) 447-6260 (Fax)
info@nhcctiffin.com (E-mail)
www.nhcctiffin.com (Website)

Belavi

CLIENT PROFILE FORM

In order to assist us in providing you with the best quality skin care and massage treatment, please completely fill out this confidential questionnaire. Thank you!

Name _____ Birth Date _____ Date _____

Address _____ City _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Referred by _____ Occupation _____

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

   If yes, why? _____

2. Are you currently under a doctor's care? Yes ☐ No ☐

   If yes, why? _____

3. Are you currently taking any prescription drugs? Yes ☐ No ☐

   If so, what/why? _____

4. Have you ever used (please check those that apply)?

   Retin-A ☐ Benzoyl Peroxide ☐ Alpha Hydroxy Acids ☐ Self Tanners ☐

   Buff Puffs ☐ Granular Scrub ☐ Hydroquinone ☐ Other Chemical Exfoliators ☐

   If yes, when and how long? _____

5. Do you exercise? Yes ☐ No ☐

6. Approximately how many cups of liquid do you drink each day?

   Water _____ Coffee/Tea/Cola _____ Juice _____ Alcohol _____ Other _____

7. Are you pregnant? Yes ☐ No ☐

8. Do you smoke? Yes ☐ No ☐

9. Do you wear contact lenses? Yes ☐ No ☐ If yes, please remove them for your Face Lift Massage if you think they would make you uncomfortable.

10. Have you ever undergone any facial cosmetic surgery, chemical peel and/or dermabrasion?

    Yes ☐ No ☐ If yes, explain _____

- over -

11. For the purpose of skin analysis, what is your nationality or country of origin? _____

Describe your parents' skin in:

Mother _____ Father _____

12. Describe your skin _____

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

_____

14. Have you ever reacted unfavorably to any skin care product? Yes ☐ No ☐

If yes, explain _____

15. Have you ever had acne? ☐ Dermatitis? ☐ Eczema? ☐ Psoriasis? ☐

Herpes Simplex? ☐ Seborrhea? ☐ When? _____

16. Do you get regular facials? ☐ How often? _____

17. In what way can we help you in improving your skin? _____

_____

18. Please check the products you are now using on your skin:

Product	Daily	Occasionally	Brand Name
Cleanser			
Toner			
Moisturizer			
Eye Cream			
Facial Scrub or Peel			
Masks			
Retin A			
Glycolic Acid			
Sunblock			
Other			

Thank you for taking the time to fill out this Client Profile Form. It will help us to acquaint ourselves with your skin and give you the best treatment possible, tailored to your specific needs.

_____ _____

Your Signature Date

_____ _____

Office Staff Signature Date