Med Spa Client Consultation Form Template

Client Information

Name _____ Age: _____

Ethnicity: _____

Gender: ◯ Male ◯ Female ◯ Non-binary ◯ Prefer not to say

Presenting Complaint:

Health History

Has the patient previously had Botox?

◯ Yes ◯ No

If yes, please provide details below:

Do you suffer from Myasthenia Gravis or Eaton Lambert Syndrome?

◯ Myasthenia Gravis ◯ Eaton Lambert Syndrome ◯ Both ◯ None

Are you pregnant or breastfeeding?

◯ Pregnant ◯ Breastfeeding ◯ Both ◯ None

Auto-immune Disease?

◯ Yes ◯ No

Are you prone to facial cold sores?

◯ Yes ◯ No

Do you have HIV/Hepatitis or any blood borne infection?

◯ HIV/Hepatitis ◯ Blood borne infection ◯ Both ◯ None

Bell's or Facial Palsy?

◯ Yes ◯ No

Depression or low mood?

◯ Depression ◯ Low mood ◯ Both ◯ None

Medication History

Do you have any known drug allergies?

◯ Yes ◯ No

If yes, please provide details below:

Medication list:

Social History

Do you smoke?

◯ Yes ◯ No

If yes, please state quantity and duration:

Do you drink alcohol?

◯ Yes ◯ No

Other Information

Occupation

How did you hear about the clinic/doctor?

Treatment Plan

Consent and Acknowledgment

Please read and sign below:

1. I confirm that the above information is accurate to the best of my knowledge.
2. I understand the nature, purpose, risks, and benefits of the treatment(s).
3. I have had the opportunity to ask questions, and all were answered to my satisfaction.
4. I consent to the performance of the procedures and agree to follow all pre- and post-care instructions.
5. I understand that results may vary and no guarantees have been made.

Client Signature: _____ Date of Consent: _____