



CUSTOMER HEALTH CONDITIONS FORM

Customer Details:

Name: Ms / Mrs / Datin

..... Date:

Address:

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.....
.....

H/P No:

Birth date: D..... M..... Y..... NRIC No:

Marital status: Married ☐ Single ☐ Others ☐

Occupation:

In case of emergency, please contact:

Lifestyle & Medical Information:

1) Plastic Surgery (Face): Yes ☐ No ☐

Date: Type:

2) Surgery (Body): Yes ☐ No ☐

Date: Type:

3) Pregnant: Yes ☐ No ☐

Pregnancy month:

4) Medications: Yes ☐ No ☐

Please specify:

5) Skin allergy (rash, hives, skin cancer, or other): Yes ☐ No ☐

Please specify:

6) Skin type (oily, dry, combination, normal or other):

Please specify:



Dermalysis:

1) Service focus:

- | | | |
|---|--|---|
| 1. Reduce Oiliness <input type="checkbox"/> | 6. Reduce Sensitiveness <input type="checkbox"/> | 10. Skin Lightening <input type="checkbox"/> |
| 2. Firming <input type="checkbox"/> | 7. Reduce Wrinkles <input type="checkbox"/> | 11. Lighten Acne Scar <input type="checkbox"/> |
| 3. Clear Acne <input type="checkbox"/> | 8. Repair & Healing <input type="checkbox"/> | 12. Lighten Pigmentation <input type="checkbox"/> |
| 4. Refine Pores <input type="checkbox"/> | 9. Increase Moisture <input type="checkbox"/> | 13. Skin Radiant <input type="checkbox"/> |
| 5. Clear blackhead & whitehead <input type="checkbox"/> | | |

Remark:

2) Last facial treatment:

Date: Type: How often:

3) Skincare routine at home:

1. Cleanser ☐
2. Scrub ☐
3. Toner ☐
4. Serum ☐
5. Moisturizer ☐
6. Sunblock ☐
7. Mask ☐
8. Others:

4) Product brand use:

Body Conditions:

1) Last body massage or treatment:

Date: Type: How often:

2) Allergic or sensitive to any oil (essential oil, nut oil, scents or other): Yes ☐ No ☐

Please specify:

3) Joint condition (stiffness arthritis or other): Yes ☐ No ☐

Please specify:

4) Bone condition (osteoporosis, fracture or other): Yes ☐ No ☐

Please specify:



5) Circulatory condition (high blood pressure, varicose veins, blood clots or other):

Yes ☐ No ☐

Please specify:

6) Diabetes: Yes ☐ No ☐

It is in my interests to disclose any allergy or extraordinary health conditions in this form. The Company shall not under any circumstances be imputed with any knowledge of my conditions not disclosed in this form. I understand that while the procedures adopted by the Company are not expected to be life endangering, some individuals may experience some discomfort. I am able to withstand such discomfort and I am accepting the course at my own risk.

Customer Sign:

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