

Name: _____

Customer ID: _____

	Date	Date	Date	Date	Date	Date
Recent Allergies (since your last treatment at StudioMD)						
Medications that you have recently started (since your last treatment at StudioMD):						
Do you have sun tan? If so, please indicate body areas that are tanned						
Are you planning to get sun tan soon?						
Do you have any deodorant, body lotion or make up on? If so, please indicate body areas with deodorant, body lotion or make up						
Are you pregnant?						
Have been in a Jacuzzi, steam room, sauna, ect. today?						
Signature						