

# ***Aphrodite Skin Solutions & Wellness***

Client Name \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Birthday \_\_\_\_\_

**Medications** (Please check any of your following conditions/medications or medical procedures you are currently taking or have done up to today's date.) Antacids Antibiotics CT Scan

MRI Scan Pain Medications Antidepressants Heart Medications Water Retention

Anti-Inflammatory Medications High Blood Pressure Oral Contraceptives

Chemotherapy Steroids Laxatives Thyroid Ulcer Other – please list

\_\_\_\_\_  
\_\_\_\_\_

**Family History/Current Issues**(Please check any that applies) Diabetes Cancer Heart Disease/Hypertension Lyme Disease Hepatitis/Liver Disease Alcohol-related Disease Stroke Emotional/Mental Disorders Lupus Other – please list

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Childhood Illness** (Please check any that applies) Measles Mumps Strep throat Dry Cough Skin breakouts Ear infections Sinus problems Chickenpox Received all vaccinations Mono Other – please list \_\_\_\_\_

\_\_\_\_\_

Number of glass of water daily \_\_\_\_\_ Number of times/Smoke/Day \_\_\_\_\_

Number of amalgam/fillings \_\_\_\_\_ Number of known allergies \_\_\_\_\_

Number of Alcohol drinks/day \_\_\_\_\_ Number of caffeine/products \_\_\_\_\_

How many pounds overweight \_\_\_\_\_

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**Pease indicate if any of the following pertain to you: (indicating “yes” does not make you ineligible for treatment, however, it may restrict some of your treatment modalities)**

pacemaker impaired liver function impaired kidney function pregnancy  
nursing heart problems electrical implants metal implants

I fully understand that Tracy Starratt from Aphrodite Skin Solutions & Wellness is not a medical physician and doesn't practice medicine. I am not here for medical diagnostic purposes or treatment procedures. The services performed by Aphrodite Skin Solutions & Wellness are at all times restricted to consultation and coaching on the subject of skin care treatments, rife treatments, wellness and holistic nutritional matters intended for the maintenance of the best possible state of overall health and wellness and do not involve the diagnosing, treatment or prescribing of remedies for disease. I also understand that it is my responsibility to discuss any and all information provided during consultations and coaching with my primary health care provider or any other health care providers/specialists whose care I may be under. I release Tracy Starratt and Aphrodite Skin Solutions & Wellness from any and all legal liability during my participation in Aphrodite Skin Solutions & Wellness from the use of skin care modalities, holistic modalities, consultations and coaching. I assume sole responsibility for my own health and for the results of any use of skin care modalities, holistic modalities, consultation and coaching provided by Aphrodite Skin Solutions & Wellness that may affect my health in any way. All information received by me from Tracy Starratt and Aphrodite Skin Solutions & Wellness is accepted with full knowledge that any action taken by me as a result of the information received is my complete responsibility.

*Client Signature:* \_\_\_\_\_ *Date* \_\_\_\_\_