



PERSONAL PROFILE & HEALTH HISTORY FORM

Name: _____ Home Phone: _____ Date: _____

Address: _____ Cell Phone: _____ Mobile Carrier _____

City/State/Zip: _____

Date of Birth: ___/___/___ Age: ___ Gender: M ___ F ___ Occupation: _____

Email Address: _____ Can we Text and/or Email Confirmations Yes ___ No ___

Spouse/Other Email Address for Valentine/Mother's Day, Christmas or Special Events _____

To ensure the safety and effectiveness of your Med Spa treatment program, please complete the medical history questionnaire below.

1. Are you currently pregnant? Yes ___ No ___
2. Are you currently breastfeeding? Yes ___ No ___
3. Since your family background affects your skin and its response to the treatment, please specify by circling your ethnic origin: Caucasian African American Hispanic Asian Native American Middle Eastern Mediterranean Other
4. Which skin areas would you like to consider for treatment?

5. Medications

If you are currently taking any medications, including prescription, over-the-counter, vitamins or supplements, please list them:

6. Allergies

If you are allergic to any medications, please list them along with your reactions:

7. Medical History

Please check all that apply:

- | | | | | | |
|---|-----------|---|------------|---|-----------------|
| • | Acne | • | High Blood | • | Port-Wine Stain |
| • | Bleeding | • | Pressure | • | Psoriasis |
| • | Disorders | • | Implants | • | Shingles |
| | | • | Kaposi's | • | Skin Cancer |
| | | • | Sarcoma | | |

- Burns
- or Skin Grafts
- Diabetes
- Endocrine Disorders
- Epilepsy
- Gold Therapy
- Heart Disease
- Keloid Scars
- Lupus
- Permanent Makeup
- Pregnancy
- Ovarian Disease
- Tattoos
- Herpes
- Vitiligo

If the answer to any of the following questions is yes, please provide details in the spaces provided.

1. Are you currently being treated for any medical conditions? Yes No
 Explain: _____
2. Have you used Accutane, Differin, Adapalene or any other photosensitive drug in the last 12 months?
 Yes No
 How recently? _____
3. Do you have any active skin diseases or infection in the area to be treated? Yes No
4. Do you have any skin allergies? Yes No
5. Are you allergic to latex or topical numbing agents? Yes No
6. Are you currently using products which contain Glycolic, Salicylic, Lactic acid, Retin A or AHA? Yes No
7. Have you had a chemical peel or facial within the last week? Yes No
8. What products are you currently using on your skin?
 Describe: _____
9. Have you had any permanent cosmetic tattooing in the area to be treated? Yes No
10. Do you have any metal or other implants? Yes No
 Where? _____
11. Have you had any surgical procedure performed in the area to be treated in the last six months? Yes No
12. Describe: _____
13. Are there any moles in the area to be treated? Yes No
14. Are you currently using or have you used a **tanning bed** or self tanning cream, within the last month? Yes No

15. Have you been excessively exposed to the sun within the last four to six weeks? Yes No
16. Have you waxed or received another form of hair reduction in the last month? Yes No
17. How did you hear about The Med Spa? _____

I confirm that the answers to the questionnaire are true and correct. I also confirm that the consultant explained the treatment and answered any questions I had.

Signature of Client: _____ Date: _____

Signature of Consultant: _____ Date: _____

Appointment Cancellation/No Show Policy

Due to the increase of late cancellations and no shows the Med Spa is implementing the following policy:

Effective June 1st 2018 any client who fails to show or cancels an appointment less than 24 hours will be charged \$25 using their credit card on file.

A second occurrence the client will be charged \$50, using their credit card on file.

A third occurrence the client will be charged the cost of the treatment, using their credit card on file.

I have read and understand the Cancellation/No Show Policy and agree to the terms.

Signature: _____ Date: _____

We strive to give you the best service at the very lowest cost and these empty appointments are having a negative effect on our business.

The Med Spa Client Treatment Consent and Release

I acknowledge that beauty treatments, the practice of skin care, including, but not limited to, electrolysis, facial toning, body treatments, laser treatments, IPL treatments, hydrafacial, vein treatments, brown spot removal, micro needling, waxing, teeth whitening, facial and body peeling, dermaplaning, and various other beauty procedures is not an exact science and no specific guaranties can or have been made concerning the outcome. I understand that some clients experience more change and improvement than others. In virtually all cases, multiple treatments are required in order to realize a difference.

I also understand and agree to assume the following risks and hazards which may occur in connection with any particular treatment including but not limited to: unsatisfactory results, soreness, poor healing, discomfort, redness blistering, nerve damage, scaring, infection and change in skin pigmentation, allergic reaction, muscle damage, and increased hair growth. I understand that even through precautions may be taken in my treatment, not all risks can be known in advance.

Given the above, I understand that response to treatment varies on individual basis sand that specific results are not guaranteed. Therefore, in consideration for any treatment received, I agree to unconditionally defend and hold harmless and release from any and all liability the company and the individual that provided my treatment, the insured and any additional insureds, as well as any officers, directors, or employees of the above companies for any condition or result, known or unknown, that may arise as a consequence of any treatment that I receive.

I have fully disclosed on my client intake form any medications, previous complications, or current conditions that may affect my treatment. I understand and agree that any legal action of any kind related to any treatment I receive will be limited to binding arbitration using a single arbitrator agreed to by both parties.

X _____
Client Signature

Date: _____

Printed Name

MY SPECIFIC CONCERNS AND INTERESTS

(Please check all that apply and indicate any prior treatments in space provided.)

Concerns	List any prior treatment and approximate date(s): (Accutane, Botox, Peels, IPL, Lasers, Surgery/ etc.)
<input type="checkbox"/> Dry or Oily Skin	
<input type="checkbox"/> Skin discoloration	
<input type="checkbox"/> Brown Spots	
<input type="checkbox"/> Acne	I have used Accutane: YES NO Last Dose:
<input type="checkbox"/> Rosacea	
<input type="checkbox"/> Fine Wrinkles	
<input type="checkbox"/> Deep Wrinkle	
<input type="checkbox"/> Lip Lines	
<input type="checkbox"/> Thin Lips	
<input type="checkbox"/> Nasolabial Creases	
<input type="checkbox"/> Marionette Lines	
<input type="checkbox"/> Loose Skin	
<input type="checkbox"/> Aging Hands	
<input type="checkbox"/> Excessive Sweating	

<input type="checkbox"/>	Facial/Body Hair	
<input type="checkbox"/>	Leg Veins	
<input type="checkbox"/>	Facial Veins	
<input type="checkbox"/>	Toenail Fungus	
<input type="checkbox"/>	Body Contouring	
<input type="checkbox"/>	Other	
<input type="checkbox"/>	Other	
<input type="checkbox"/>	Not Certain	

ARE YOU INTERESTED IN HEARING MORE ABOUT:

<input type="checkbox"/> VERSA VIVA SKIN RESURFACING	<input type="checkbox"/> SUBNOVII PLASMA PEN
<input type="checkbox"/> VENUS RADIO FREQUENCY SKIN TIGHTENING	<input type="checkbox"/> HYDRAFACIAL
<input type="checkbox"/> MOTUS AX PAINLESS LASER HAIR REMOVAL	<input type="checkbox"/> NEOSKIN BY AEROLASE

<input type="checkbox"/> THE PERFECT PEEL	<input type="checkbox"/> LASER IPL SKIN CORRECTION
<input type="checkbox"/> MICROPEN	<input type="checkbox"/> BOTOX
<input type="checkbox"/> ELECTROLYSIS	



HAIR REMOVAL GUIDELINES

1. Shave the area of interest the same day as appointment.
2. No suntan or recent sun exposure in the area of treatment.
3. No tanning bed 30 days prior or 30 post procedure.
4. SPF 30 or greater sunscreen should be used in the area of treatment throughout the treatment process.
5. There is a mandatory \$25.00 fee for appointment changes made with less than 24 hours notice.

6. No tweezing or waxing the area for 3 weeks prior to and during treatment.
7. We will schedule for your next treatment in 4-8 weeks (depending on the area being treated).