



SkinEnvy Medical
Aesthetics

Client Information

Name _____ Date _____

Phone _____

May we send text message appointment reminders? Y N

Email _____

May we email SkinEnvy Medical Aesthetics event/promo information? Y N

Home Address _____

Birth Date _____

Occupation _____

Referred by _____

MEDICAL HISTORY

Food/Drug Allergies _____

Medications/Supplements? _____

Do you smoke? Y N For how long? _____ How Much? _____

Do you consume alcohol regularly? Y N

Are you Pregnant or Lactating? Y N

Do you take birth control? Y N

Who is your primary care provider? _____

Emergency Contact _____

PLEASE CIRCLE ANY OF THE FOLLOWING YOU HAVE, OR HAVE HAD

History of Anaphylaxis	Severe drug or food allergies	Facial Acne
Active inflammatory process	Infection (at proposed site)	Hives
Immuno-suppressive Therapy	Autoimmune Disease	Herpes
Facial Rashes	Any other Medical Disorder _____	

PREVIOUS HOSPITALIZATIONS/OPERATIONS?

Explain_____

I understand the information on this form is essential to determine my medical and cosmetic needs and the provision of treatment. I understand that if any changes occur in my medical history/health I will share this information as soon as possible. I have read and understand the above medical questionnaire. I acknowledge that all the answers have been recorded truthfully and will not hold any staff member responsible for any errors or omissions that I have made in the completion of this form.

CLIENT SIGNATURE_____ **DATE**_____

SKIN HISTORY (Circle all that apply)

- | | | | |
|---------------------|---------------------|--------------------------------|---------------|
| Acne | Rosacea/flushing | Large Pores | Bruise easily |
| Acne Scarring | Melasma | Hyperpigmentation | |
| Brown Spots | Fine Lines/Wrinkles | Cold Sores | |
| Skin Texture Issues | Dry Skin | Regular Sun Exposure | |
| Scars / Keloid | Oily Skin | Tanning Booth? Last visit_____ | |

How long have you had these concerns?_____

Do you feel the condition is worsening? Y N

Have you sought treatment before? Y N

If so, what sorts of treatments/products have you used in the past?

What is your current skin care product regimen?_____

Are you taking any medications for a skin condition? N Yes?_____

Are you currently using: (circle all that apply)

Accutane Retin-A Retinol Hydroquinone Bleaching Agent

COSMETIC HISTORY

Please list all medical aesthetic procedures/treatments such as laser treatments or injectables (botox, juvederm, restylane, radiesse, collagen, PRP, fat) you have had in the past year

<i>Date</i>	<i>Product</i>	<i>Area</i>	<i>Adverse Reaction?</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PHOTOGRAPHY RELEASE CONSENT

It is necessary that we take pre and post treatment photographs of our clients in order to track progress and treatment results.

This consent permits photography of me or parts of my body related to the procedure(s) that have been or will be performed. This consent authorizes SkinEnvy Medical Aesthetics to take photographs for documentation of my medical progress. **THE "MEDICAL CARE ONLY" CONSENT IS REQUIRED BY ALL CLIENTS IN ORDER TO RECEIVE TREATMENT WITH SKINENVY MEDICAL AESTHETICS.**

PLEASE INITIAL ALL THAT APPLY:

Medical Care Only: (REQUIRED) photographs taken of me or parts of my body can be used for the purpose of documenting my medical care. **Initials**_____

Educational Purposes: Photographs taken of treatment areas can be used to educate others regarding treatments. I understand that if I consent for photography related to the procedure(s) for "educational purposes" that my photographs may be used for the in office photo album ONLY and no other forms of marketing without further consent. **Initials**_____

Website: Photographs taken of treatment area can be used on our Facebook, Instagram or other social media websites in order to inform others about treatment methods and results **Initials**_____

I certify that I have read the above photography release consent and fully understand the information.

Client/Legal Guardian Signature

Date

SKINENVY MEDICAL AESTHETICS SPA ETIQUETTE REQUESTS

Returns: If you have problems with any products purchased at SkinEnvy Medical Aesthetics we will be happy to exchange, or offer spa credit if they are returned within 14 days of the purchase. Cancellations: We understand situations arise that may require you to cancel your appointment. We ask that you please contact the spa or one of our staff as soon as possible as a courtesy to us and our clients.

Late Arrival: All spa appointments have been designed to allow appropriate time for full enjoyment of each service. Your late arrival may limit our ability to offer the fullest possible experience. Please be aware that late arrivals may not be afforded an extension of the scheduled treatment(s).

Cell Phone: To preserve serenity in the spa, we kindly ask you to turn off/silence your cell phone.

Thank you!!

