



Patient Information

Date: _____

Name: _____ Date of Birth: _____

Address: _____ City, State, Zip: _____

Cell Phone: _____ Work Phone: _____

May we text appointment reminders: Yes / No

Email address: _____

May we send you emails about sales, promotions, special events: Yes / No

Occupation: _____

Emergency Contact Name/Phone Number: _____

Concerns (check all that apply):

Fine Lines/Wrinkles____ Puffiness____ Large Pores____ Acne____ Rosacea____
Sun Damage/Brown Spots____ Spider Veins____ Unwanted Hair____ Skin Laxity____
Skin Texture____ Unwanted Tattoo____ Lip Volume____ Brow Position____
Other_____

I would like more information about:

Botox____ Juvederm/Fillers____ FOCUS Skin Rejuvenation____ Laser Peels____
TempSure Skin Tightening____ Skin Care Products____ Latisse(Lashes)____
Tattoo Removal____ Chemical Peels____ Microdermabrasion____ Laser Hair Removal____
Spider Vein Treatment____ Acne Management____ Other_____

Medical Information:

Are you currently taking medications (prescription/over the counter): Yes / No If yes, list below

Medication or Latex Allergy: Yes / No If yes, list here: _____

Smoker: Yes / No If yes, how much? _____

Wear Glasses or Contacts: Yes / No

Females: Currently Pregnant: Yes / No Breast feeding: Yes / No Last Period: _____

Have you ever had any of the following:

Acne____ Diabetes____ Cold Sores/Fever Blisters____ Seizures____ Cancer____
Heart Conditions____ Pacemaker/Defibrillator/Metal Implants____ Hepatitis____
Keloid Scar____ HIV/AIDS____ Thyroid Disease____ Lupus____ Depression____
Other_____



Office Policies

By signing this form, you acknowledge that you have read and understand our office policies. Please let us know if you have any questions.

Appointments: If you must miss a scheduled appointment, please notify our office by phone the day before the appointment. Messages are acceptable and can be left at all times including evenings and weekends.

We strive to adhere to our office schedule as much possible and ask that you strive to be on time for your appointment. Unfortunately, delays do occur. If you are going to be late for your appointment, please notify us by phone. We will try to work with you as our schedule allows, but it may be necessary to reschedule your appointment.

As a courtesy to our patients, we offer text reminders for appointments. **Please note: if you opt out of this service, you will not receive an appointment reminder. Please mark your calendar accordingly. We reserve the right to not reschedule an appointment after multiple no- shows.

Payment for services:

We do not file insurance. All services performed are paid for out of pocket. Payment is due at the time services are rendered. **There is a 3.95% processing fee for all payments made by credit/debit card.

There is a \$40 fee for consultations. This is due at the time of your visit and may be applied toward injections (Botox/Juvederm), laser services, and other procedures. **Consult fees may not be applied toward skin care products.

There is a \$25 fee for tattoo removal consultations. This is due at the time of your visit and may be applied toward your first tattoo removal session.

I consent to the office policies listed above.

Name (Print)

Patient Signature

Date

Policy Effective 8/2020