Medical Aesthetics and Laser — Medical History Form

Name: _____ Birth Date: _____ Age: _____

Address: _____ Sex: M / F

City: _____ State: _____ Zip Code: _____

Home: _____ Cell: _____ Work: _____

Email: _____ Employer: _____

Emergency Contact: _____ Telephone: _____

How did you hear about our practice? _____

Please put a check mark next to the items that are cosmetically displeasing to you:

_____ Acne Troubles
_____ Wrinkles
_____ Sun Damage
_____ Cellulite or fat pockets
_____ Skin Texture and Toning
_____ Sagging Skin
_____ Shaving Bumps
_____ Brown Spots
_____ Rosacea
_____ Broken Capillaries
_____ Spider Veins
_____ Chin Fullness

Please put a check mark next to any past or current medical conditions:

_____ Lupus of other auto-immune disorder
_____ Dark Spots after pregnancy or skin injury
_____ Accutane treatments with in the last year
_____ Tetracycline treatments with in the last month
_____ Keloid or very thick scarring
_____ Blepharolplasty (eyelid surgery)
_____ Pulmonary embolism/blood clot
_____ Leg Ulcer or Phlebitis
_____ Blood thining medications
_____ Coumadin or other anti-clotting agents
_____ Rheumatoid Arthritis "Gold" Therapy
_____ Abnormal Heart Conditions
_____ Fainting Spells / Dizziness
_____ Cancer
_____ Do you have any Implantable Devices?
_____ Cold agglutinin disease
_____ Diabetes
_____ Epilepsy
_____ Scars that turn white or brown
_____ Cystic Acne
_____ HIV/AIDS
_____ Hepatitis
_____ Psoriasis or Vitiligo
_____ Herpes Simplex or fever blisters
_____ Hirsutism
_____ Transplant/Anti-rejection Drugs
_____ Bleeding abnormalities
_____ High or Low Blood Pressure
_____ Circulatory Problems
_____ Chemotherapy/Radiation Treatments
_____ Cryoglobulinemia
_____ Paroxysmal cold hemoglobinuria

Are you pregnant or think that you may be pregnant? _____

Are you currently breast feeding? _____

List any drug, makeup, skin, **soy** or other food allergies: _____

_____

Do you get pigment or brown spots from an injury, insect bite or cut?_____

(please turn the page over)

Medical Aesthetics and Laser *Continued*

Have you had any recent chemical peels, dermabrasion, laser procedures or plastic surgery? _____

What skin care and makeup products do you use for your skin care? _____

_____

Are you currently taking Asprin or ibuprofen? _____

When were you last exposed to the sun, including tanning booths? _____

_____

Do you use a self tanner? _____ If so, when did you last apply it? _____

Have you tweezed, waxed or had any electolysis treatments done within the last 4 weeks? _____

Are you currently taking any prescription acne medications or having any acne therapies done? _____

_____

Please list all medications and herbal supplements that you are currently taking: _____

_____

_____

What would you like to discuss in greater detail today with your physician? _____

_____

Thank you for choosing Medical Aesthetics and Laser!

I hereby authorize Medical Aesthetics and Laser, and its employees, to take and use pictures for the purpose of: Proof of results and Medical Aesthetics and Laser marketing.

_____ _____

Client's Signature Today's Date

Medical Aesthetics and Laser
9180 Pinecroft Dr., Suite 120, The Woodlands, TX
77380

Fitzpatrick Skin Type

Please complete the following questions by circling the number which best describes you. Your physician will total the score during the consultation.

Eye Color
0. Light Colors
1. Blue, grey or green
2. Dark
3. Brown
4. Black

Natural hair color at age 18 was:
0. Sandy Red
1. Blond
2. Chestnut or dark blond
3. Brown
4. Black

Your Skin Color (unexposed areas)
0. Reddish
1. Pale
2. Beige or olive
3. Brown
4. Dark Brown

Freckles (unexposed areas)
0. Many
1. Several
2. Few
3. Rare
4. None

If you stay in the sun too long?
0. Painful blisters, peeling
1. Mild blisters, peeling
2. Burn, mild peeling
3. Rare
4. No burning

Do you turn brown?
0. Never
1. Seldom
2. Sometimes
3. Often
4. Always

How brown do you get?
0. Never
1. Light tan
2. Medium tan
3. Dark tan
4. Deep dark

Is your face sensitive to the sun?
0. Very sensitive
1. Sensitive
2. Sometimes
3. Resistant
4. Never have a problem

How often do you tan?
0. Never
1. Seldom
2. Sometimes
3. Often
4. Always

When was your last tan?
0. +3 months ago
1. 2-3 months ago
2. 1-2 months ago
3. Weeks ago
4. Days

If your score is:	Your skin type is:
0 thru 6	I
7 thru 13	II
14 thru 20	III
21 thru 27	IV
28 thru 34	V
35+	VI

Notes:

Medical Aesthetics and Laser
9180 Pinecroft Dr., Suite 120, The Woodlands, TX
77380

HIPAA Release Form

Client Name _____ **Date of Birth** _____

Medical Aesthetics and Laser is very serious about our client's confidentiality.

Release of Information

□ I authorize the release of information including diagnosis, records; examination rendered to me and claims information. This information may be released to:

□ Spouse_____
□ Child(ren) _____
□ Other_____

□ Information is not to be released to anyone.

This ***Release if Information*** will remain in effect until terminated by me in writing.

Messages

Please call □ Home □ Work □ Cell

If unable to reach me:

□ You may leave a detailed message

□ Please leave a message asking me to return your call

□ _____

The best time to reach me is (day) _____ between (time) _____

Signed: _____ **Date:** _____/_____/_____

Witness: _____ **Date:** _____/_____/_____

Medical Aesthetics and Laser
9180 Pinecroft Dr., Suite 120, The Woodlands, TX
77380

Cancellation Policy

Cancellation/ Rescheduling of an Appointment

Please contact Medical Aesthetics and Laser at (281) 419-2220 **24 hours** prior to your scheduled appointment date and time to avoid cancellation fees.

Failure to cancel within the required time will result in a fee of **$25.00** being charged to the credit card on file. A ***No Show*** is considered failure to cancel or failure to show for a scheduled appointment, a fee of **$35.00** will be applied to the credit card on file.

New Clients

If a new client ***fails to cancel or reschedule*** their appointment time within the **24 hour** time frame they will forfeit **ALL** limited –time pricing offers, monthly special promotions, discounts or coupons.

We reserve the right to refuse appointments to any client who has demonstrated disregard of our cancellation policy.

I understand the cancellation policy and agree to its terms.

Client Signature _____Date: ____/_____/_____
Client Name (Please Print) _____

Debit/ Credit Card Authorization

Cardholders Name (as it appears on card) _____

Credit Card Number (list all numbers) _____-_____-_____

Expiration Date _____ CVV* _____
*CVV is the last 3 digits on the back of your card. For AMEX it's the 4-digit code on the front side.

[ ] Master Card [ ] Visa [ ] American Express [ ] Discover

[ ] Check box if same as Home Address

Credit Card Billing Address _____

City _____ State _____Zip Code _____

I agree to be charged in the amount indicated above via debit/ credit card if I fail to follow the cancelation policy as stated by terms set by Medical Aesthetics and Laser.

Cardholders Signature _____ Date: ____/_____/_____