

PATIENT INFORMATION UPDATE

Name:			Today's Date:		
Address:					
City:			State: Zip:		
Email:			_ Date of Birth:		
Cell Phone:	Home Phone:		Work Phone:		
PERSONAL MEDICAL H		1	NONE		
Please check all the Medical	Conditions that app	oly.	NONE		
Acne			Hepatitis B or C		
Arthritis			HIV/AIDS		
Asthma			Keloids		
Bell's Palsy			Permanent Makeup		
Bleeding Disorder			Rosacea		
Blood Clotting Disorder			Seizure Disorder		
Cancer			Skin Cancer		
Cold Sores/Herpes Simplex			Skin Lesions		
Diabetes			Tattoos		
Heart Condition			Thyroid Disorder		
High Blood Pressure			Defibrillator/Pacemaker		
Connective Tissue Disorder			Allergy to Lidocaine		
Allergy to Latex			Other		
Are you Pregnant? \Box Yes \Box No \Box N/A Are you Nursing? \Box Yes \Box No \Box N/A Do you exercise? \Box Yes \Box No Do you Smoke? \Box Yes \Box No Please list all medication you are currently taking: (Please include vitamins, herbal supplements,					
topical creams, etc.)					
List any allergies to medicat	ions:				
List all conditions for which	you are currently u	nder medical car	re:		
Are you currently using:	DS (Motrin, Advil,	Aleve)	Blood Thinners		
Do you use topical ointments □ Retin-A □ Glycols Other:	ic Acid 🛛 🗆 L	actic Acid	□ Hydroquinone		
What type of skin care produ	icts are you using?				

Review of AesthetiSpa Policies

Cancellation	Policy
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Your appointment time is exclusively reserved for you. Please give 24 hours' notice before your appointment if you need to cancel. Failure to give requested notice more than two (2) times may lead to Aestheti-Spa requiring a \$50 credit card deposit to schedule your next appointment.

Patients arriving more than 10 minutes late for an appointment may result in a shortened appointment or may necessitate rescheduling if there is not enough time to complete services safely.

Children Policy

Our goal is to provide a pleasant and relaxing atmosphere for all patients, so we ask that you not bring children to your appointments when possible. Any child under the age of 12 must be attended by an adult who will not be receiving treatment.

We cannot be responsible for the care of unsupervised or unattended children in our reception area.

Animals/Pets Policy

Although we love animals, for the health and safety of our patients and staff we ask that you leave your pets at home during your visit. AesthetiSpa does comply with the Americans with Disabilities Act (ADA) allowing working service dogs to accompany you during your visit. *ADA does not cover emotional support or comfort support animals.

Returns/Exchanges

If you are not satisfied with a retail purchase made at AesthetiSpa, we will gladly offer you a credit which can be used toward future retail purchases. All returns or exchanges must be made within 30 days of purchase.

Electronic Devices

For the comfort of all, please mute cellular phones and laptops. To ensure patient privacy, please refrain from taking any pictures within AesthetiSpa.

I certify the above medical history information is accurate and correct. I am aware it is my responsibility to inform the Provider of any changes to my medical history. A current medical history is essential to execute appropriate treatment.

I understand AesthetiSpa's policies as outlined and agree to the terms.

Patient Signature:

Date: _____

The above patient medical history has been reviewed.

Provider Signature: _____

Date: _____

* Periodically, we send mailings, e-mails or text messages to notify our valued clients of promotions, discounts, and special events. Please let us know if you <u>do not</u> wish to receive this information.