K.
AESTHETICS
WE MAKE AESTHETICS SIMPLE

PATIENT MEDICAL HISTORY

Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Date of Birth: _____

Cell Phone:_____ Home Phone:_____ Work Phone:_____

Best number to reach you? ☐ Cell Phone ☐ Home Phone ☐ Work Phone

How did you hear about us? _____Referral Name: _____

What is the nature of your visit? _____

What are your expectations? _____

PERSONAL MEDICAL HISTORY:

Please check all the Medical Conditions that apply. **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? ☐ Yes ☐ No ☐ N/A Are you Nursing? ☐ Yes ☐ No ☐ N/A

Do you exercise? ☐ Yes ☐ No Do you Smoke? ☐ Yes ☐ No

Please list all medication you are currently taking: (Please include vitamins, herbal supplements, topical creams, etc.)

_____

List any allergies to medication: ☐ N/A _____

List all medical conditions for which you are currently under the care of a physician: ☐ N/A

_____

Are you currently using:

☐ Aspirin ☐ NSAIDS (Motrin, Advil, Aleve) ☐ Blood Thinners

SKIN HISTORY:

Have you had:

Previous reaction / hypersensitivity to Laser Treatments? ☐ Yes ☐ No

Have you been on Accutane in the past 6 months? ☐ Yes ☐ No

Acne:

Do you have a history of breakouts? ☐ Yes ☐ No

If so, what is the frequency of your breakouts? ___ Frequent ___ Occasional ___ Rarely

Do you experience cystic breakouts? ☐ Yes ☐ No

Do you have any scarring as a result of your acne? ☐ Yes ☐ No

Skin Background:

Have you had prolonged sun exposure (or tanning bed) in past 3 days? ☐ Yes ☐ No

If so, are you currently sunburned? ☐ Yes ☐ No

Do you use tanning beds? ☐ Yes ☐ No

Are you using chemical tanning solutions? ☐ Yes ☐ No

Do you use sunscreen on a regular basis? ☐ Yes ☐ No

Fitzpatrick I-VI:

Check one (when exposed to the sun without protection for approximately 1 hour):

☐ (I) Always burns, never tans ☐ (IV) Rarely burns, tans more than average

☐ (II) Usually burns, tans less than average ☐ (V) Rarely burns, tans profusely

☐ (III) Sometimes mild burn, tans about average ☐ (VI) Never burns, deeply pigmented

Skin Type: Are you tan? ☐ Yes ☐ No

☐ Caucasian ☐ Mediterranean

☐ Asian ☐ African American

☐ Hispanic ☐ Other: _____

Have you waxed, used depilatories, bleaches or other chemical processes? ☐ Yes ☐ No

How much water do you normally consume daily?_____

Have you had:

Microdermabrasion ☐ Yes ☐ No
Chemical Peel ☐ Yes ☐ No
Laser Resurfacing ☐ Yes ☐ No

Do you have:

Rosacea ☐ Yes ☐ No
Wrinkle Concerns ☐ Yes ☐ No
Scarring Concerns ☐ Yes ☐ No
Sun Damage Concerns ☐ Yes ☐ No
Pigmentation Concerns ☐ Yes ☐ No
Broken Capillary Concerns? ☐ Yes ☐ No

Have you had Botox or other cosmetic injections in the past 6 months? ☐ Yes ☐ No
If yes and less then 3 months, approximate date? _____

Do you use topical ointments?

☐ Retin-A ☐ Glycolic Acid ☐ Lactic Acid ☐ Hydroquinone
Other: _____

What type of skin care products are you using? _____

Please check services of interest:

☐ Botox
☐ Lip Fillers
☐ Laser Genesis, Laser Facials, Acne Treatment
☐ Skin Tightening
☐ Microneedling & Injections
☐ Acne Scar
☐ Skin Tightening Treatment
☐ Botox, Dysport, Xeomin
☐ Dermal Fillers

Other: _____

K. Aesthetics Policies

Cancellation Policy

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 K. Aesthetics 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. K. Aesthetics does comply with the American with Disabilities Act (ADA) allowing working service dogs to accompany you during your visit. *ADA does not cover emotional support or comfort support animals.

Payment

We gladly accept Visa, Master Card, American Express, Discover, Care Credit, personal checks and cash. Payment is expected at the time of service.

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.

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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 K. Aesthetics's policies as outlined and agree to the terms:

I acknowledge I have been provided a copy of K. Aesthetics's HIPAA Notice of Privacy Practices document to read and that a copy will be provided to me if requested.

Patient Signature: _____ Date: _____

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

The above patient medical history has been reviewed.

Provider Signature: _____ Date: _____