



Acacia
Medical Laser Aesthetic Spa

Name: _____ Date of Birth: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone Number: _____

Email Address: _____

How did you hear about us?

Friend

Relative

Web Search

Facebook

e-Mail

Other: _____

Are you Pregnant? _____

Are you planning on becoming Pregnant? _____

Are you Nursing? _____

Are you currently taking ACCUNTANE? _____

Have you taken ACCUTANE in the last 6 months? _____

Personal Skin History: (Please Select all that Apply)

Undiagnosed Skin Lesions

Lupus

Keloid Scars

Serious Skin Infections

Psoriasis

Melanoma

Squamous Cell Skin Cancer

Melanoma

Pigment Disorder

Connective Tissue Disorder

Shingles

Basal Cell Skin Cancer

Actinic Keratosis

Eczema

Have you ever seen a dermatologist or plastic surgeon for your skin:

Yes

No

If yes please explain:

Past Medical History: (Please select all that apply)

Anemia	Arthritis	Artificial Joint	Autoimmune Disease
Bleeding Disorder	Blood Clots	Breast Cancer	Bronchitis
Burns	Cancer	Chronic Cough	Cold Sores
Colitis	Defibrillation	Depression	Connective Tissue Disorder
Diabetes	Dialysis	Fibromyalgia	Hearth Disease
Hearth Murmur	Health Valve	Hepatitis B or C	Herpes Simplex
High Blood Pressure	HIV / AIDS	Irregular Heartbeat	Metal Implants
Migraines	Pacemaker	Phlebitis	Multiple Sclerosis
Phlebitis	Raynaud's Disease	Seizure Disorder	Stroke
Thyroid Disorder	Tuberculosis	Ulcers	Valley Fever

Family History: (Please circle all that apply)

Adopted	Autoimmune Disorder	Cancer	Diabetes	Heart Disease
High Blood Pressure		Melanoma	Skin Disease	Stroke

Review of Systems: (Please select all that apply)

Bleeding Tendencies	Chest Pain	Circulatory Problems
Easy Burning	Fainting	Flushing
Headache	Heat / Cold Intolerance	Itching
Non-Healing Sores	Numbness	Poor General Health
Rashes	Suspicious Moles	Swelling
Swollen Legs / Feet	Swollen Lymph Nodes	

Latex Allergie? Yes No

Iodine Allergy? Yes No

Topical Medications?

Retin A	Renova	Refissa
Tazorac	Differen	

Prescriptive / OTC Medication

Medication Allergy and Reaction

Skin Care

What is your daily skin care?

Which of the following best describes your skin type?

Very Oily, Large Pores

Oily Skin

Combination Skin, oily T-Zone, dry/normal cheeks

Dry Skin

Sensitive Skin

Sun History & Lifestyle

How often do you work outdoors?	Frequently	Occasionally	Very Rare	Never
How often do you use sunscreen?	Frequently	Occasionally	Very Rare	Never
How often do you use tanning beds?	Frequently	Occasionally	Very Rare	Never

Previous Procedures

Which of the following have you had in the past?

Botox	Cellulite Reduction	Circumference Reduction
Chemical Peels	Dermal Fillers	Electrolysis
Facials	Laser Hair Removal	Microdermabrasion
Skin Rejuvenation	Permanent Make-Up	Skin Tightening
Tattoo Removal	Waxing / Threading	

Client Signature:

Date:

Reviewed by:

Date:

R.N. Name

R.N. Signature

Genetic Disposition Score	0	1	2	3	4
What is your eye color?	Light Blue, Green	Gray	Blue	Dark Brown	Brown / Black
What is your natural hair color?	Sandy Red	Blonde	Chestnut, Dark / Brown	Dark Brown	Black
What is your skin color?	Reddish	Very Pale	Pale	Light Brown	Dark Brown
Do you have Freckles?	Many	Several	Few	Incidental	None

Reaction to Sun Exposure

Score	0	1	2	3	4
What happens when you are over exposed to sun?	Redness / Blistering / Peels	Blistering / Peels	Burns Sometimes/ Peels	Rarely Burns	Never Burns
To what degree does your skin turn brown?	Hardly / Not at all	Light color tan	Medium color tan	Tans Easily	Turns brown quickly
Do you turn brown with several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always
How does your face react to the sun?	Very Sensitive	Sensitive	Normal	Very Resistant	No Problem

Tanning Habits

Score	0	1	2	3	4
When was your last exposure to the sun and / or tanning beds more than 30 min at a time?	More than 3 Months	2-3 Months	1-2 Months	Less than a Month	Less than 2 Weeks
Was the area treated exposed?	Never	Hardly Ever	Sometimes	Often	Always

Heritage

Is your Mother African American or of East Indian Descent?	Yes	No	(+5)
Is your Father African American or of East Indian Descent?	Yes	No	(+5)
Are your Grandparents African American or East Indian Descent?	Yes	No	(+5) if no points added for parents
Are you Latin American, Asian-Pacific, Islander, Mediterranean or Native American?	Yes	No	(+5)

Summary

Score Scale

Total for Generic Disposition		0-8	I
Total for Reaction to Sun Exposure		9-16	II
Total for Tanning Habits		17-24	III
Total for Heritage		25-30	IV
Skin Type Score		31-34	V
		35+	VI



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PHOTO RELEASE FORM

I, _____ authorize Acacia Med Spa to take photography of my face, or area treated. These photos will be kept in my chart bearing my name and will be kept and used with outmost respect. These photos may be chosen for the office photo album to help educate future patients. We do this with the sole intent of education for others that may be considering the same or similar procedure.

At no time will any personal information or name will be disclosed. These photographs may be used for patient referrals and / or education purposes

Patient Signature

Date



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Appointment Policy & Spa Check-In

A 24-hour notice is REQUIRED for any rescheduling or cancelling of your appointments. If you fail to provide us with a 24-hour notice, a \$25.00 fee will be added to your account. By signing below, you acknowledge and agree to these terms. Please arrive 15 minutes prior to your appointment to receive a numbing cream when necessary and / or to complete any skincare analysis forms. For your comfort, we ask that you shower before any body service. If you are late, we will do our best to accommodate you, but cannot guarantee your full service.

Signature

Date

Laser & Radio-frequency Treatment Policy (Hair Removal, IPL, Skin Tightening, Skin Resurfacing)

By signing below, I understand that if I am scheduled for any Laser or Radio-frequency treatment, I must make sure the area is cleanly shaved the night before the time of my scheduled appointment. There will be a \$15.00 fee charge for the Technician to shave the area if I do not come in shaved.

Signature

Date