Body Enhancement MedSpa

Medical History Questionnaire

What type of concern / problem are you consulting for? _____

_____

Personal Information:

Patient Name: _____ DOB_____ Date_____

Address_____Apt #_____

City_____ State _____ Zip _____

Home Phone (_____)_____ Cell Phone (_____)_____

Email_____

Occupation _____ Employer _____

Emergency Contact Name/Phone Number _____

How did you hear about us? Radio _____ Walk-in / Sign _____ Google / Internet _____ Social Media _____

Friend / Who? _____ Other (please specify) _____

Health Information

General:

Do you have any allergies to medications, latex, soy, or anesthesia? If yes, please specify and state type of reaction:

_____

_____

List all medications (oral, topical) & herbal supplements you are taking (prescription and OTC) _____

_____

_____

Do you take Aspirin, Advil, Motrin, Ibuprofen, or anti-inflammatory medication more than once a week? If yes please explain. _____

Do you smoke? If yes, how many per day for how many years? _____

Do you drink alcohol? If yes, how much and how often? _____

Are you pregnant, nursing or planning a pregnancy soon? No _____ Yes _____ If yes, how soon? _____

When were you last exposed to the sun (or a tanning booth)? _____

Do you use self-tanning lotions? ___Yes ___No

Are you planning a holiday in the sun? ___ Yes ___No

Have you ever had skin resurfacing, rejuvenation or chemical peels? ___ Yes ___ No

Have you ever had treatments for pigmented lesions? ___ Yes ___ No

Prior treatment (if any) _____

_____

Present / Past Medical History:

Have you ever had any of the following (please circle)

Asthma	Arthritis	Anemia	Cold sores
Autoimmune disorder	Blood disorder	Chest pain	Seizures
Chronic diarrhea	clotting disorder	Colon problems	Diabetes
Depression	Bruise easily	Excessive scarring	Excessive bleeding
Heart valve replacement	Heart valve disease	Heart attack	Irregular heart beat
Heart failure	Neuro-Muscular disease	Mental disease	Liver disease
High blood pressure	Hepatitis	HIV	Thyroid disorder
Intestinal problems	Keloids	Kidney disease	Migraines
Lung disease	Stroke	Stomach problems	Rheumatic fever
Multiple Sclerosis	Muscular dystrophy	MVP	Shortness of breath

Cancer-please list type _____

List all surgeries or hospitalizations with dates: _____

_____

_____

Have you ever had any cosmetic procedures in the past? Please list with dates:

_____

_____

To the best of my knowledge, the information provided above is true and accurate,

Patient Signature _____ Date _____

Reviewed by: _____ Date _____

Review comments: _____

_____

Provider Signature _____ Date _____

Consultation Comments _____

_____

Please read carefully and sign your acknowledgement of our refund and cancellation policies. It is our desire to give our clients the best possible service and when we have cancellations without notice, we are left with time slots that could have been filled by other clients. Thank you for your cooperation in this matter!

REFUND POLICY

All sales, services, down-payments are **NON-REFUNDABLE**. You may transfer your monies to other services; however there will be no refund.

Cancellation Policy

We require a 24-HOUR NOTICE if you are going to change your appointment. For changes made with less than a 24-HOUR notice, 50% of the cost of the procedure will be charged to your Credit Card; or if the services are prepaid, we will deduct 50% of the cost of the procedure from your credit balance.

_____ _____/_____/_____

Client Signature Date

Fitzpatrick Skin-type Chart

Please circle the answer to each question to determine your skin type.

Score	0	1	2	3	4
What color are your eyes?	Light blue, gray, green	Blue gray, green	Blue	Dark Brown	Brown Black
What is your natural hair color	Sandy red	Blonde	Dark blonde, chestnut brown	Dark brown	Black
What is your skin color? (non-exposed areas)	Reddish	Very pale	Pale with beige tint	Light brown	Dark brown
Do you have freckles ins the non-exposed areas?	Many	Several	Few	Incidental	None
What happens when you stay in the sun too long?	Redness, pain, blistering, peeling	Burns followed by peeling	Burns some-times followed by peeling	Rarely burns	Never has a burn
To what degree do you turn brown?	Hardly at all	Light tan color	Reasonable tan	Tan very easy	Turn dark brown
Do you turn brown within several hours after sun exposure?	Hardly or not at all	Seldom	Sometimes	Often	Always
How does your face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never has a problem
When did you last expose your body to the sun or tanning bed?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than 1 month ago	Less than 2 weeks ago
Did you expose the area you want treatment to the sun?	Never	Hardly ever	Sometimes	Often	Always

Total Score	Fitzpatrick Type
0-7	1
8-16	2
17-25	3
26-30	4
Over 30	5