CLIENT INTAKE FORM

aestheti.care MEDSPA

NICE TO MEET YOU

FULL NAME DATE OF BIRTH

ADDRESS CITY STATE ZIP

MOBILE PHONE ☐ OK TO LEAVE MESSAGE HOME PHONE ☐ OK TO LEAVE MESSAGE WORK PHONE ☐ OK TO LEAVE MESSAGE

EMAIL ADDRESS

MONTHLY SPECIALS & EVENT NOTIFICATION CONSENT CIRCLE ALL THAT APPLY telephone email text message (list carrier_____)

APPOINTMENT NOTIFICATION CONSENT CIRCLE ALL THAT APPLY telephone email text message (list carrier_____)

EMERGENCY CONTACT NAME AND PHONE NUMBER

OCCUPATION

HOW DID YOU HEAR ABOUT US? IF REFERRED BY A CLIENT, PLEASE LIST THEIR NAME

WHAT IS THE NATURE OF YOUR VISIT?

MEDICAL HISTORY

MEDICAL CONDITIONS
(please check all that apply, and describe if necessary)

- ☐history of facial or cold sore or genital herpes
- ☐use of blood thinner, aspirins, or NSAIDS
- ☐HIV or exposure to a person with HIV
- ☐hepatitis or known exposure to hepatitis A, B, or C
- ☐Acutane use in the past 6 months
- ☐connective tissue disorder or autoimmune disease
- ☐use of Retin-A, Retinol, Hydraquinone, or skin thinners
- ☐epilepsy or seizures
- ☐history of stroke
- ☐problem scarring
- ☐advised to have or had psychiatric care
- ☐other conditions we should know about (please describe)

PLEASE LIST ANY MEDICATIONS, VITAMINS, OR HERBAL SUPPLEMENTS YOU ARE TAKING.

PLEASE LIST ANY ALLERGIES YOU HAVE.

ARE YOU PREGNANT OR BREASTFEEDING?
☐ yes ☐ no

HEIGHT AND WEIGHT

MALE/FEMALE

HAVE YOU EVER HAD SURGERY? if yes, please describe

WHAT SKINCARE OR LASER TREATMENTS HAVE YOU HAD IN THE PAST?

TERMS

24 HOUR CANCELLATION POLICY
Should I cancel or miss an appointment with less than 24 hours notice, I may be charged a missed appointment fee of $50, unless a deposit for the service has been made, in which case I will be charged the amount of the deposit.

PAYMENT POLICY
Payment is due in full upon completion of service.

I have answered all questions on this form truthfully and disclosed my medical history to the best of my knowledge.

PATIENT SIGNATURE:_____ DATE:_____

PRINT SIGNATURE: _____

Treatment Expectations Agreement
AesthetiCare Medspa

It is the goal of AesthetiCare to offer effective and proven treatments to our clients. We will do everything possible to ensure our clients see a positive outcome from their treatments. That being said, we know from years of experience that every person is unique and will respond in a unique manner to any treatment. The following should be understood before having any aesthetic treatment:

1. I understand that every person receiving aesthetic treatments will respond in a unique manner and that no degree of outcome can be guaranteed.
2. I understand that healing time is unique and will vary with all individuals.
3. I understand that it is my obligation to inform AesthetiCare of any concern I have post treatment in a timely manner.
4. I agree to meet with a member of AesthetiCare if there are any concerns about the outcome of a treatment and review before / after photography.
5. I understand that to achieve optimal results in nearly all aesthetic treatments, multiple treatments are normally required.
6. I understand that I will be required to put a deposit down on certain treatments as Sculptra, Ulthera, Miradry, Cellfina, etc. This deposit is refundable only if the appointment is cancelled within 5 days of the treatment time. This will be discussed with me during the consultation.
7. I have been thoroughly informed about all potential side effects and potential negative outcomes of the treatments I have chosen to have. I have read, understand, and signed all applicable consent forms.

_____ _____
Client Name Date

_____
Client Signature

_____ _____
Witness Signature Date