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# **Med SPA Intake Form**

# **Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Last Name First Name MI

**Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City, State, Zip

**Email**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Occupation** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about us?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is the main reason for your visit today?\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR BOTOX PATIENTS ONLY:

Do you have any of the following: \_\_\_Hypersensitivity reactions \_\_\_\_Cardiovascular disease \_\_\_\_\_Neuromuscular disorders \_\_\_\_\_Swallowing or

breathing difficulties \_\_\_ Facial inflammation, weakness or atrophy\_\_\_Are you pregnant or nursing?

**What home skin-care products are you currently using?**

\_\_\_\_Cleanser \_\_\_\_\_Exfoliants/Scrubs \_\_\_\_\_Toner \_\_\_\_\_Moisturizer \_\_\_\_\_SPF \_\_\_\_Eye Cream \_\_\_\_\_Serums \_\_\_\_\_Retinol \_\_\_\_\_Soap

\_\_\_\_Body Care \_\_\_\_Sunless tanner \_\_\_\_\_Other

**Your skin is:**

\_\_\_\_Oily \_\_\_\_\_Rosacea \_\_\_\_\_ Normal

\_\_\_\_Dry \_\_\_\_\_Sensitive \_\_\_\_ Eczema

\_\_\_\_T-zone/combination \_\_\_\_\_Psoriasis \_\_\_\_\_ Unsure

\_\_\_\_Resilient \_\_\_\_\_Hyperpigmentation/Melasma

**Have you ever had any cosmetic procedure such as:**

\_\_\_\_Microdermabrasion \_\_\_\_\_Facial Surgery \_\_\_\_\_Plastic Surgery

\_\_\_\_Chemical Peel \_\_\_\_\_Laser Hair Removal \_\_\_\_\_Other

\_\_\_\_Microneedling \_\_\_\_\_Botox/Injections/Fillers

\_\_\_\_Facial Resurfacing \_\_\_\_\_Photo Facial/IPL/SRA

**Do you have a history of:**

\_\_\_Scarring \_\_\_\_Hyperpigmentation \_\_\_\_Keloids \_\_\_\_\_Herpes/cold sores

**How does your skin react to the sun?**

\_\_\_ Always burns \_\_\_ Always tans

\_\_\_ Usually burns, sometimes tans \_\_\_ Usually tans, sometimes burns

**Ethnic background:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have any significant illness or have you in the past?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List current medications and supplements**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List any sensitivities:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Health History:**

\_\_\_\_Use of tanning beds \_\_\_\_\_Migraines \_\_\_\_\_Epilepsy/Seizures

\_\_\_\_Diabetes \_\_\_\_\_Communicable disease \_\_\_\_\_Use of blood thinners/aspirin/NSAIDS

\_\_\_\_Metal Implants/Piercings \_\_\_\_\_Heart Issues

\_\_\_\_Pacemakers \_\_\_\_\_History of Accutane or Retin A

**Do you smoke?** \_\_\_No \_\_\_\_Yes

**How many glasses of water do you consume per day?**\_\_\_\_\_\_\_

**How many caffeinated beverages do you consume per day?**\_\_\_\_\_\_\_

**Hormones-Females Only**

\_\_\_\_Taking birth control or estrogen \_\_\_\_Going through menopause \_\_\_\_Regular periods

Are you on or expecting your menstrual cycle? \_\_\_Yes \_\_\_No

\_\_\_\_During pregnancy, did you ever get hyperpigmentation or melasma?

\_\_\_\_Pregnant or Nursing

When was your last child born?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hormones-Males Only**

Any hormonal imbalance issues?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you experienced any ingrown hairs after shaving?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was the last time you shaved?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Want to save money on products and procedures? We would be happy to sign you up for the free rewards programs list below, with your permission. Please initials the programs below you would like to sign up for.**

\_\_\_\_\_\_\_\_\_(please initial) Lasting Beauty Rewards (ColoreScience Skincare and Makeup)

\_\_\_\_\_\_\_\_\_(please initial) Brilliant Distinctions Rewards (CoolSculpting, Botox, and Filler)

\_\_\_\_\_\_\_\_\_(please initial) Aspire Rewards (Dysport and Filler)

**Please read and initials below:**

\_\_\_\_\_\_\_\_\_(please initial) The information on this form is correct to the best of my knowledge.

\_\_\_\_\_\_\_\_\_(please initial) I have read the HIPAA Acknowledgement Form & Notice of Privacy Practice.

\_\_\_\_\_\_\_\_\_(please initial) I understand that cosmetic treatments results vary & are not guaranteed.

\_\_\_\_\_\_\_\_\_(please initial) I understand that no refunds are issued for cosmetic services performed. Refunds on retail product will be for exchange or credit on a future product or service if the product is returned within 30 days of purchase.

\_\_\_\_\_\_\_\_\_(please initial) I am aware that Twin Ports Dermatology requires a 24 - hour notice for cancellations or rescheduling. Failure to do so will result in a $50 fee.

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**