

Client Information

Date: _____

Client Name: _____ D/O/B: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Cell#: _____ Work#: _____

Email: _____ Employer: _____

Emergency contact: _____ Phone #: _____

Pharmacy Name and Phone Number: _____

Referral Information: How did you hear about us? _____

May we thank them for referring you? Y N Name: _____

TODAY'S VISIT:

How do you want to improve your skin/treatments interested in? _____

Notice of Privacy Practices:

When confirming my appointment, Eden Spa and Laser may leave message on my: _home phone _cell phone _text

HIPPA: I understand that under the Health Insurance Portability and Accountability Act of 1996 (HIPPA), I have certain rights to privacy regarding my health information. I understand that this information can and will be used to conduct and plan my care among the healthcare providers who may be involved in my treatment directly or indirectly. I understand that this organization has the right to change its Notice of Privacy. Also, I understand that I may request in writing that you restrict how my private information is used or disclosed and that that you are not required to agree to my request; but if you do agree then you are bound to abide by such restrictions.

Photo Consent: I consent to the taking of photographs during the course of my treatment (limited to only certain services) for the purpose of monitoring the progress of treatment. These photographs will remain in the medical chart and not be used for any other purposes unless specified and approval by you.

Financial Policy: Full payment is required at the time your services are rendered. We accept cash, check, Visa, MasterCard, American Express, and Discover. There will be a \$25.00 processing fee for all returned personal checks. I understand and agree to abide by this policy.

Signature: _____ Date: _____

Do you tan in the sun or tanning bed? Y N If yes, when was the last time? _____

When exposed to the sun without protection for about 1 hour, how does your skin react?

Always Burns Burns Easily Sometimes Burns Rarely Burns

Never Tans Gradually Tans Tans Easily

Do you use a sunscreen? Y N What is the SPF? _____

Do you smoke on a daily basis? Y N Consume alcohol on a regular basis? Y N

Are you pregnant or lactating? Y N Do you get migraines? Y N Have you had a seizure? Y N

Are you currently taking Accutane? Y N Have you taken Accutane in the past? Y N

Do you use topical medications on your face? Y N List: _____

Do you have any medical problems? Y N List: _____

List medications currently taking: _____

List vitamins and dietary supplements currently taking: _____

Do you take aspirin or blood thinning medications? Y N List: _____

Are you allergic to any medications? Y N List: _____

Are you allergic to latex or latex products? Y N Have you ever had a skin allergy? Y N List: _____

Do you wear contact lenses? Y N

Do you have a history of cold sores/fever blisters? Y N Date of last outbreak: _____

Ethnic Background: Hispanic Asian Mediterranean Middle Eastern African American Caucasian East Indian American Indian

Brown Pigmentation: None Freckled Uneven Entire Face Neck Pregnancy Mask/Melasma

Broken Capillaries: None Nose Cheek Chin Forehead Entire Face

Do you ever have: Pimples White Heads Blackheads Enlarged Pores Scars Cysts

Do you consider your face: Normal Normal to Oily Normal to Dry

What skin care products are you currently using: _____

What makeup are you currently using: _____

Have you waxed or use depilatories? Y N Where on your body: _____

Have you had electrolysis? Y N Where on your body: _____

Have you had laser treatments? Y N Where on your body: _____

Signature: _____

Date: _____