



NAME _____
LAST _____ MIDDLE _____ FIRST _____

DATE _____

ADDRESS _____

DOB _____

CITY _____ (STATE) _____ (ZIP) _____

CELLPHONE _____

REFERRED BY _____

EMAIL _____

FACIAL ANALYSIS

* For effective personalized treatments, please be as accurate as possible.

1. Skin Type

<input type="checkbox"/> Normal	<input type="checkbox"/> Dry	<input type="checkbox"/> Sensitive
<input type="checkbox"/> Acne	<input type="checkbox"/> Oily	<input type="checkbox"/> Sensitive/Breakout
<input type="checkbox"/> Mature	<input type="checkbox"/> Combination	<input type="checkbox"/> Very Sensitive/Rosacea

2. What are your present skincare concerns?

Please check all that apply

<input type="checkbox"/> Acne Lesions (cysts)	<input type="checkbox"/> Papules (inflamed)	<input type="checkbox"/> Blackheads
<input type="checkbox"/> Acne Scars	<input type="checkbox"/> Pustules (inflamed)	<input type="checkbox"/> Whiteheads
<input type="checkbox"/> Dilated Capillaries	<input type="checkbox"/> Ingrown Hairs	<input type="checkbox"/> Enlarged Pores
<input type="checkbox"/> Hyperpigmentation (brown spots from sun, scars, hormonal)		

Eye Area

<input type="checkbox"/> Crows Feet/Wrinkles	<input type="checkbox"/> Puffiness
<input type="checkbox"/> Lack of Elasticity	<input type="checkbox"/> Dark Shadows

Mouth Area

<input type="checkbox"/> Wrinkles	<input type="checkbox"/> Nasolabial Folds	<input type="checkbox"/> Fine Lines
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Cheek Area

<input type="checkbox"/> Loss of Elasticity	<input type="checkbox"/> Crows Feet/Wrinkles (sun damage)	
<input type="checkbox"/> Hyperpigmentation	<input type="checkbox"/> Uneven Texture	<input type="checkbox"/> Uneven Tone
<input type="checkbox"/> Dilated Pores	<input type="checkbox"/> Visible Capillaries	<input type="checkbox"/> Freckles

Neck & Décolleté Area

<input type="checkbox"/> Wrinkles	<input type="checkbox"/> Lack of Elasticity	<input type="checkbox"/> Double Chin
<input type="checkbox"/> Severe Sun Damage	<input type="checkbox"/> Hyperpigmentation	<input type="checkbox"/> Lines

3. How often do you receive a facial?

<input type="checkbox"/> Regularly	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never
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4. Fine Lines and Wrinkles

<input type="checkbox"/> Forehead
<input type="checkbox"/> Eye Area
<input type="checkbox"/> Lip Area
<input type="checkbox"/> Cheeks

5. Have you received any of the following medical or surgical procedures?

<input type="checkbox"/> Rhinoplasty (Face lift)
<input type="checkbox"/> Rhinoplasty (Nose)
<input type="checkbox"/> Blepharoplasty (Eye lift)
<input type="checkbox"/> Laser Resurfacing
<input type="checkbox"/> Facelift
<input type="checkbox"/> Medical Acid Peels
<input type="checkbox"/> Collagen Injections
<input type="checkbox"/> Fillers
<input type="checkbox"/> Botox® Injections
<input type="checkbox"/> Other _____

Date _____

BODY ANALYSIS

8. What are your present concerns?

Please check all that apply

Dry and/or Flaky Skin

<input type="checkbox"/> Arms	<input type="checkbox"/> Elbows	<input type="checkbox"/> Chest	<input type="checkbox"/> Back
<input type="checkbox"/> Legs	<input type="checkbox"/> Knees	<input type="checkbox"/> Feet	

Oily Skin and/or Breakout

<input type="checkbox"/> Back	<input type="checkbox"/> Chest
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Loss of Elasticity & Firmness

<input type="checkbox"/> Breasts	<input type="checkbox"/> Inner Arms	<input type="checkbox"/> Mid-Torso
<input type="checkbox"/> Buttocks	<input type="checkbox"/> Inner Thighs	

Cellulite

<input type="checkbox"/> Back of Arms	<input type="checkbox"/> Stomach	<input type="checkbox"/> Buttocks	<input type="checkbox"/> Thighs
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9. Tattoo

<input type="checkbox"/> Tattoo Removal

10. Hair

<input type="checkbox"/> Hair Loss	<input type="checkbox"/> Hair Removal
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11. Have you received any of the following surgical procedures?

<input type="checkbox"/> Breast Augmentation	<input type="checkbox"/> Liposuction	<input type="checkbox"/> Other _____
<input type="checkbox"/> Breast Reduction	<input type="checkbox"/> Tummy Tuck	<input type="checkbox"/> Other _____

12. Have you experienced Body Contour Treatments? Yes No

Date _____

13. Do you use any of the following products?

<input type="checkbox"/> Body Scrub	Brand _____
<input type="checkbox"/> Body Wash/Soup	Brand _____
<input type="checkbox"/> Body Moisturizer	Brand _____
<input type="checkbox"/> Body Firming Cream	Brand _____
<input type="checkbox"/> Bath Salt	Brand _____

14. How often do you receive body treatments?

<input type="checkbox"/> Regularly	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never
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15. How often do you receive a massage?

<input type="checkbox"/> Regularly	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never
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16. What would you like to improve about your body?

NUTRITION & WELLNESS ANALYSIS

17. Weight

Weight Gain Consistent Food Craving
 Unhealthy Eating Habits Access Belly & Waist Weight (love handles)

18. Health

Exhaustion Hair Loss Insomnia
 Depression Smoking Moodiness

19. Sexual Health

Desiring Lifestyle Change
 Little To No Libido
 Vaginal Dryness
 Painful Sex

HEALTH RECORD

20. Have you ever been diagnosed with any of the following skin disorders?

Acne Seborrhea Mycosis (fungal infection)
 Psoriasis Skin Cancers Contact Dermatitis
 Rosacea Eczema

21. Do you suffer from any allergies?

(cosmetic ingredients, food, iodine, medications, hay fever, latex)

No Yes, (please specify) _____

22. Are you currently undergoing chemotherapy or radiation therapy?

No Yes, (please specify) _____

23. Are you currently taking any medications, herbs, vitamins?

Internal: _____

Topical: _____

24. Have you ever been prescribed Accutane®?

If yes, last date used? _____

25. Do you have any body implants?

Prosthesis Metal
 Other, explain _____

26. Have you ever been diagnosed with any of the following?

Anxiety Cancer Hemophilia
 Depression Diabetes Hepatitis
 Migraines Thyroid Herpes
 Asthma Epilepsy HIV
 Sinus Problems Heart Problems Other
 High Blood Pressure Low Blood Pressure

27. Do any of the following apply to you?

Smoke Exercise
 Eat Spicy Foods Wear Contact Lenses

28. When exposed to the sun, do you?

Burn Easily Tan Easily
 Never Burn Never Tan

29. How often do you consume alcohol?

Regularly Seldom Never

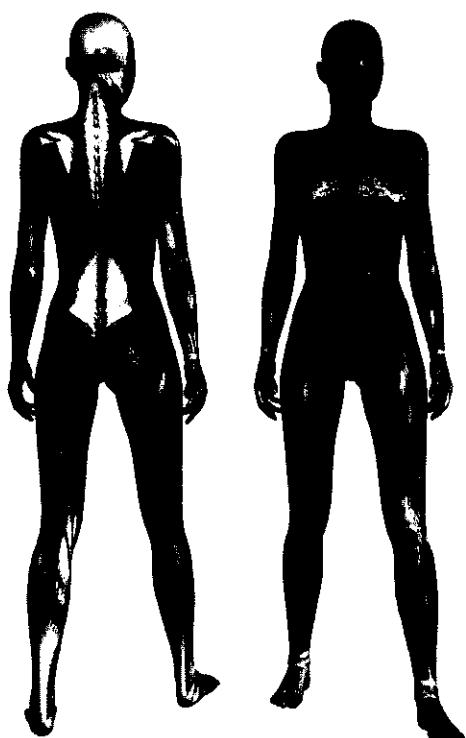
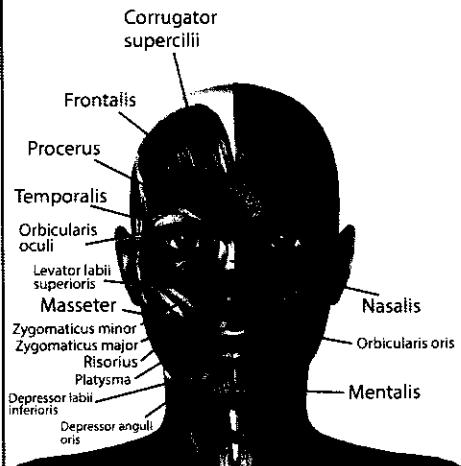
30. How many glasses of water do you consume daily?

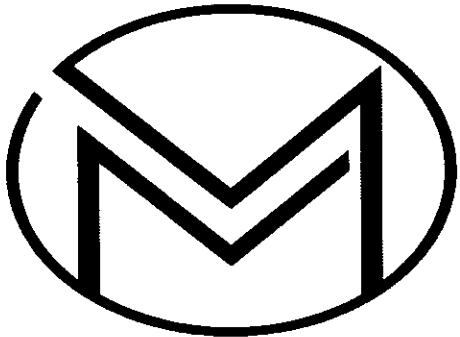
1-2 3-5 6-8+

31. For Women Only...

Regular Menstruation Menopause
 Pregnant Birth Control Pill
 Lactating IUD (copper or plastic)
 Hormonal Problems

SKIN ANALYSIS (PROFESSIONAL USE ONLY)





M SPA
FACE & BODY

Office Policies

Booking Consultations

When booking a Consultation with one of our providers there is a non-refundable deposit required of \$50. If you no show your appointment, or do not call to reschedule within 24 hours of your scheduled appointment you will lose your deposit.

Cancellation

To remain timely and respectful with our patient flow and optimal care we have implemented the following cancellation policy:

- All patients are required to pay a \$50-\$100 deposit at the time of booking an appointment depending on treatment. The deposit will be credited to services rendered. In the event of a No Show or cancellation less than 24 hours, the deposit will NOT be refunded.
- Appointment times are reserved especially for you. Please be mindful of this if you are unable to keep your appointment. Providing us with a 24-hour notice will help make this appointment available to another patient.
- If you no-show or cancel less than 24 hours prior to your scheduled time you will lose your deposit.

We understand that unplanned issues can arise, but we have seen an increase in the number of patients not keeping their scheduled appointments or calling to cancel same day, reschedule same day, or simply not showing or not calling. As a courtesy, we confirm appointments via email, text, and or by phone. If we have a cancellation on the schedule, we like to offer the time slot to a patient on our "waiting list", or to a patient who is calling for a same day appointment. When a patient does not show up for a scheduled appointment, another patient loses the opportunity to be seen.

Thank you for being a valued patient and your understanding and cooperation regarding this policy.

Late Arrival

We suggest arriving 5-10 minutes prior to your scheduled time to allow time to complete any paperwork or answer questions about your service. We understand that issues can arise that may cause you to be late for your appointment. However, we ask that you call us to inform us if that occurs so we can do our best to accommodate you and stay respectful of the providers' time. Appointment times are reserved for each

patient, so, oftentimes, we cannot exceed that reserved time and will need to reschedule your appointment. If you arrive **10 minutes** past your scheduled time you will lose your appointment time and will have to be rescheduled. If you are habitually late, then you may not be allowed to reschedule.

Refund Policy

At M Spa Face & Body, we work individually with each patient to discuss treatment options and expected outcomes, benefits and risks associated with each treatment. We offer individual treatments as well as discounted treatment package options so each patient may choose the approach best suited to their needs and stay respectful of their budgets.

Once services are purchased, they will NOT be refunded, however, to ensure our patients always receive the best experience, unused service values maybe applied to another service at M Spa Face & Body.

For skin care products, all sales are FINAL. However, should you have a reaction to one of the products it can be returned withing 7 days for a full refund.

All treatment sales, such as but not limited to, Botox [®] , Dysport [®] , dermal fillers, laser treatments, facials, chemical peels, Diamond glow [®] , microneedling, body treatments, Secret RF [®] , and facials are FINAL. Refunds or credits **cannot be offered once a treatment is completed.**

Sales

If your treatment cost is \$3500 or more, we accept Care Credit with a 12 month free interest, anything under \$3500 we offer 6 months free interest.

Tipping Policy

We want all patients to know going in the exact price of our treatments, therefore we DO NOT allow tipping. We reward our team members internally. The best "TIP" you could give your aesthetician or provider is a good review on Google, Facebook, Instagram, and Yelp.

We strive to give our patients the best outcomes and results. Aesthetics are not an exact science and how you respond to any given treatment will vary from person to person. Payments made for services are for treatments to be performed not for a specific result. We will always do our best to try and achieve the best result that we can for you and stay respectful of your request.

Thank you for allowing us to serve you!

Print Name

Sign Name

Date

HIPAA Compliance Patient Consent Form

Our Notice of Privacy Practices provides information about how we may use or disclose protected health information.

The notice contains a patient's rights section describing your rights under the law. You ascertain that by your signature that you have reviewed our notice before signing this consent.

The terms of the notice may change, if so, you will be notified at your next visit to update your signature/date.

You have the right to restrict how your protected health information is used and disclosed for treatment, payment or healthcare operations. We are not required to agree with this restriction, but if we do, we shall honor this agreement. The HIPAA (Health Insurance Portability and Accountability Act of 1996) law allows for the use of the information for treatment, payment, or healthcare operations.

By signing this form, you consent to our use and disclosure of your protected healthcare information and potentially anonymous usage in a publication. You have the right to revoke this consent in writing, signed by you. However, such a revocation will not be retroactive.

By signing this form, I understand that:

- Protected health information may be disclosed or used for treatment, payment, or healthcare operations.
- The practice reserves the right to change the privacy policy as allowed by law.
- The practice has the right to restrict the use of the information but the practice does not have to agree to those restrictions.
- The patient has the right to revoke this consent in writing at any time and all full disclosures will then cease.
- The practice may condition receipt of treatment upon execution of this consent.

May we phone, email, or send a text to you to confirm appointments? YES NO

May we leave a message on your answering machine at home or on your cell phone? YES NO

May we discuss your medical condition with any member of your family? YES NO

If YES, please name the members allowed:

This consent was signed by: _____
(PRINT NAME PLEASE)

Signature: _____ Date: _____

Witness: _____ Date: _____



M SPA
FACE & BODY

Authorization for Release and Use of Photographs

Patient Name: _____ DOB: _____

Treatment(s): _____

Provider: _____

Photographs (including digital images) will be taken for treatment documentation purposes. Photographs will become part of the patient chart and will be handled in accordance with the Health Insurance Portability and Accounting Act of 1996 (HIPAA). In addition, the undersigned grants to the treating physician the on-going and unrestricted right to use the photographs (but NOT the patient name) in the ways indicated below.

Your name/identifying information will not be revealed. Please initial consent (yes)/non consent (no)

Yes No For use during in-office patient consultations

Yes No For use on M SPA Face & Body Website (we will show you the picture for approval)

Yes No For use on social media use such as our Company Facebook & Instagram (we will show you picture for approval)

Yes No For external Marketing/ public relations (including referral websites, magazine ad's, television media, you tube, general media that provides information about the physician, practice, or specific procedure)?

I am at least 18 years of age and am competent in my own name. I grant this consent as a voluntary consent on the interest of public education and certify that I have read the above consent form and fully understand its terms. This consent will be valid unless I give written consent to M Spa Face & Body.

Signature of Patient

Date