Patient Intake Form

Today's Date _____ Date of Birth/Age _____ /_____

First Name _____ Last Name _____

Street Address _____ Apt. # _____

City _____ State _____ Zip_____

Phone (____) _____ Email _____

Is there someone we can thank for recommending us? _____

By providing your email address, you agree to subscribe to marketing and promotions from Pure Bliss Medical Spa

Emergency Contact

Name _____ Relationship _____ Phone (_____) _____

Medical History

Please circle any conditions you currently have or have had in the past.

AIDS	Hay Fever	Radiation Treatment
Anemia	Heart Disease	Respiratory Problems
Arthritis	Hepatitis	Skin Conditions
Asthma/Allergies	High Blood Pressure	Sinus Problems
Autoimmune Disease	Infection	Stomach Problems
Blood Transfusion	Kidney Disease	Stroke
Chemotherapy	Liver Disease	Thyroid Problems
Cold sore/Fever Blister	Lupus	Surgery
Diabetes	Melanoma	Skin Cancer
Dizziness/Fainting	Nervous Disorder	Cancer of Any Kind
Epilepsy		

ALLERGIES:

CURRENT MEDICATIONS:

Are you presently under a physician's care for any current skin condition or other problem?

If yes, please describe_____

_____

Are you pregnant? Y N

Are you taking birth control pills or hormone replacement? Y N

Do you wear contact lenses? Y N

Do you smoke? Y N

What skin care products are you using now?

_____

Have you used or are you currently using: (please circle)
Retin A or similar product, Accutane, Other prescription Acne medication

Have you ever had any of the following aesthetic or cosmetic services (please circle)

Facial Peel	Laser/IPL	Tattooing	Facial Surgery
Microdermabrasion	Botox	Permanent Makeup	Mesotherapy
Dermaplaning	Fillers	Waxing	

If Yes, have you had any type of reaction to the procedure(s):

_____

DISCLAIMER

I understand that the services offered are not a substitute for medical care, and any information provided by the provider is for treatment purposes only and not diagnostic or prescriptive in nature. I understand provider info is not diagnostic and that the information contained is to aid the provider in giving better service and is completely provider confidential.

Policies:

1. 24-hour notification of cancellation of appointment is required. If an appointment is canceled within less than the required 24-hours, Pure Bliss Medical Spa reserves the right to charge a $50 cancellation fee.
2. It is recommended all clients have an initial consultation prior to any treatment.
3. For safety reasons, children are not permitted in treatment rooms or able to be left unattended in the med spa.
4. No refunds on retail products.

I HAVE COMPLETED THIS SURVEY ACCURATELY AND COMPLETELY. I fully understand and agree to the above policies.

_____

PATIENT SIGNATURE. DATE