



New Client Information

A Professional Medical Corp.

Name _____ eMail _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Referred by: _____

How did you hear about us: Paper ___ Diablo Magazine ___ Sign Out Front ___ Internet ___ Other ___

(Please **circle preferred number** for contact and appointment reminders)

Medical Information

Date of Birth ___/___/___ Family Physician _____

Do you smoke? ___ How often? _____ Do you drink alcohol? ___ How often? _____

Have you ever been treated for: [please circle]

Acne Depression Skin Disease High Blood Pressure Cold Sores Diabetes Cancer Sinus

List all medications you are currently taking (especially Accutane(Isoretinoin) or any photosensitizing drugs):

Are you pregnant? ___ Are you on Hormone Therapy or Birth Control? _____

List any medications you are allergic to (latex): _____

Do you have or have you had: [please circle]

Heart problems Herpes Keloidal scarring Cold sores Pacemaker Cancer/Melanoma

Please elaborate: _____

Any photosensitive disorder? (melasma, lupus, porphyria, sun rash, etc.) _____

Past medical problems: _____

Aesthetic History

Have you had cosmetic surgery? _____

What previous skin care treatments have you had? _____

How do you want to improve your skin? _____

What skincare are you currently using? _____

Do you use tanning beds? _____

Aesthetic Interests

Injectables (Botox, Collagen, Restylane)

Laser Hair Removal

Professional Skin Care Products

Skin Rejuvenation

Spider Vein Treatments

Acne / Acne Treatments

Client Signature: _____ Date _____

NAME _____ DATE _____

Please answer the following questions by circling the number which best describes you. Your clinician will total the score during the consultation.

My ethnic origin is closest to: (check one)	I. Very fair (Celtic and Scandinavian)	<input type="checkbox"/>
	II. Fair-skinned Caucasians with light hair and light eyes	<input type="checkbox"/>
	III. Pale-skinned Caucasians with dark hair and dark eyes	<input type="checkbox"/>
	IV. Olive-skinned (Mediterranean, some Asian, some Hispanic)	<input type="checkbox"/>
	V. Dark-skinned (Middle Eastern, Hispanic, Asians, some Africans)	<input type="checkbox"/>
	VI. Very dark-skinned (African)	<input type="checkbox"/>

My eye color is:	Light blue	0
	Blue/green	1
	Green/gray/golden	2
	Hazel/light brown	3
	Brown	4

My natural hair color at age 18 was:	Red	0
	Blonde	1
	Light brown	2
	Dark brown	3
	Black	4

The color of my skin that is not normally exposed to sun is:	Pink to reddish	0
	Very pale	1
	Pale with a beige tint	2
	Light brown	3
	Medium to dark brown	4
	Dark brown-black	6

If I go out into the sun for an hour or so without sunscreen and have not been out in the sun for weeks, my skin will:	Burn, blister and peel	0
	Burn, then when the burn resolves there is little or no color change	1
	Burn, but then turns to tan in a few days	2
	Get pink, but then turns to tan quickly	3
	Just tan	4
	Just gets darker	5
	My skin color is so dark I can't tell	6

When was the last time the area to be treated was exposed to natural sunlight, tanning booths or artificial tanning cream?	Longer than one month ago	0
	Within the past month	1
	Within the past two weeks	3
	Within the past week	4

Total Score:

If your score is:	Your skin type is:	Notes:
0 – 3	I	
4 – 7	II	
8 – 11	III	
12 – 15	IV	
16 – 19	V	
20 – 24	VI	



A Professional Medical Corporation

Encore MedSpa reserves the right to assess a \$50.00 cancellation fee for medical treatment appointments cancelled with less than 24 hours notice, including "no shows". Esthetic and massage appointments missed will be charged the full scheduled appointment amount.

This policy is necessary for the scheduling convenience of all of our clients and we appreciate your consideration.

Additionally, all sales are final after services rendered. This includes all product purchases, laser packages and prepaid services. The only exception is when an allergic reaction occurs to skin care products. In the event a refund is agreed upon, there will be a 6 week processing period.

I understand and agree to the terms above:

Client's Name: _____
Please Print

Signature

Date

Credit Card #, Expiration Date, Zip Code, Security Code