



PATIENT HISTORY/INFORMATION

Name: _____ Date: _____
 First Middle Last

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

Telephone: _____ Date of Birth: _____ Age: _____ Sex: _____

Occupation: _____ Employer: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Email: _____ Add to mailing list for Specials: Yes ___ No ___

How did you find us? ___internet ___mail ___physician referral ___other Referred By: _____

MEDICAL HISTORY

Do you have any serious or chronic illnesses? ___yes ___no. If yes, please list:

Are you pregnant? ___yes ___no. Do you suspect you may be pregnant? ___yes ___no. Lactating? ___yes ___no.

Do you smoke? ___yes ___no, If yes, How much? _____

Do you drink alcohol? ___yes ___no, If yes, How much? _____

SURGICAL HISTORY

Please list all previous surgeries.

CURRENT MEDICATION

Please list any medications you are currently taking, including prescription medications, over-the-counter Medications, herbal medication or alternate medications. Name of medication and the dosage.

Please list any **Allergies** to medications. _____

SKIN HISTORY

Have you ever had a cold sore? ___yes___no, If yes, when was your last cold sore? _____

Are you currently using any topical medications? ___yes___no (includes Retin-A, Hydroquinone, Benzoyl Peroxide, Antibiotics, Metrogel,etc.) If yes, please list _____

Have you ever taken Accutane? ___yes___no, If yes, when _____

HISTORY OF AESTHETIC/COSMETIC PROCEDURES

Have you had any *recent* tanning or sun exposure that changed the color of your skin? ___yes___no

Have you *recently* used any self-tanning lotions or treatments? ___yes___no

Fitzpatrick Scale (how your skin reacts to sun exposure). How do you tan?

___ I Burn

___ II Usually Burn

___ III Sometimes Burn

___ IV Rarely Burn

___ V Never Burn-“Brown”

___ VI Never Burn-“Black”

MISSED APPOINTMENTS/LATE CANCELLATIONS POLICY

We feel the practitioner/patient relationship is built on mutual trust and respect. As such, we strive to be on time for your scheduled appointments and ask that you give us the same courtesy. We understand that unforeseen circumstances occasionally occur, and you will be unable to keep your scheduled appointment. Please see our missed/cancelled appointment guidelines below:

If you are unable to keep your scheduled appointment, we require a 24-hour notice (1 full business day) so that we may accommodate the aesthetic needs of another patient. If an appointment is cancelled or rescheduled less than 24 hours of the reserved appointment time, Chic La Vie Medical Spa may charge the patient **\$50 cancellation/no show fee**.

Due to the high volume of same day cancellations and missed appointments, this is to inform you that we will keep your credit card on file for any late cancellations and missed appointments.

Patient Initials

By signing this agreement, I am stating all information is true and accurate, and I agree with the conditions listed above.

Patient Signature: _____ Date: _____

Reviewed by Signature: _____ Date: _____