



COSMETIC PATIENT REGISTRATION

(Office Use) Patient Account # _____

Please PRINT Clearly

Today's Date: _____

PATIENT:

How did you hear about us?

The News Journal

Yellow Pages

Delaware Today

Physician

Friend

Other _____

Title:

Mr.

Ms.

Name: _____

(Last)

(First)

(Middle)

Address: _____

(Street)

(City)

(State)

(Zip)

DOB: _____

Gender:

Male

Female

E-Mail: _____

Status: Single

Married

Other

Phone: _____

(Home)

Phone: _____

(Work)

Phone: _____

(Cell/Mobile)

Patient's Occupation: _____

Person to Contact in Case of Emergency: _____

Phone: _____



Pre-Treatment Evaluation Form

Name: _____

Date: _____

Medical History: _____

Dates of any surgeries including cosmetic: _____

Current Medications: _____

Facial Medications: _____

Drug, Contact, Food Allergies: _____

Planning to be pregnant, pregnant or breastfeeding: _____

Have you received a skin exam with a dermatologist in the last year? Yes ___ No ___

Do you smoke? Yes ___ No ___ Do you drink? Yes ___ No ___

Any previous peels, microdermabrasion, laser treatments? Yes ___ No ___ Last Treatment _____

Wax, pluck, shave, bleach, trim, electrolysis for unwanted hair? Area _____ Last Exposure _____

Have you ever taken Accutane? Yes ___ No ___ If so, when _____

Any history of herpes, hives, cold sores, fever blisters, or shingles? Yes ___ No ___ Last Exposure _____

Any history of keloids (abnormal scarring) Yes ___ No ___

Do you suntan? Yes ___ No ___ Do you use self-tanning lotions? Yes ___ No ___

Do you use sunscreen every day? Yes ___ No ___ What SPF _____

Have you ever had: Botox ___ Collagen injections ___ Date _____

Perm Make Up Tattoo: Yes ___ No ___ Location/Site: _____

What is your current skin care regimen including cleansers, toners, moisturizers, scrubs, facial masks, etc.?

SKIN TYPE:

Normal ___ Oily ___ Combination ___ Dry ___ Sensitive ___ Rough ___

What areas would you like to improve upon?

Office use only:

Benefits of procedure discussed: Yes ___ No ___

Contraindications reviewed: Yes ___ No ___

Risks reviewed: Yes ___ No ___

Probability of success: Yes ___ No ___

Patient going to proceed with: LHR ___ IPL ___ VBeam ___ Isolaz ___ MDA ___ Peels ___
Sublative ___ C+B ___ HF ___ Vivace ___

Services Suggested: _____

Products Suggested: _____

Signature of consultant: _____



Beautiful skin starts here

Thank you for choosing PREMIER SPA & LASER CENTER (PSLC) for your aesthetic needs.

Please be advised that our services are elective cosmetic procedures, the care provided at Premier Spa & Laser Center is not covered by any medical insurance programs and we do not participate in any such plans. Payment is required at the time of your treatment. For specially packaged treatments, payment for the entire package is due at the time of the first scheduled treatment.

Please read and sign our financial and etiquette policy below to verify your receipt and understanding of this information.

(Effective November 2019)

- 1. For the comfort of all our guests, please reduce or mute the volume on your cell phones, laptops, and pagers.
2. Please refrain from inappropriate language or actions. If this does occur your aesthetic provider may terminate your service, without a refund.
3. For safety reasons, the maximum occupancy of each spa room is two people. Anyone accompanying you to your spa visit is welcomed to wait in the waiting room.
4. We provide a number of payment options which may be used individually or combined according to your desires. Cash, check, Visa, Mastercard and Care Credit are accepted.
5. Returned checks are subject to a \$30.00 service charge.
6. We value your business and understand that sometimes schedule adjustments are necessary; therefore, we respectfully request at least 24 hours' notice for cancellations to avoid a cancellation fee.
7. Our appointments are confirmed 48 hours in advance because we know how easy it is to forget an appointment you booked months ago. Since the services are reserved for you personally, our cancellation/no-show policy is listed as follows:
- 1st time no show - it's on us, we understand life can get busy and people forget
- 2nd time no show - 50% of your service will be required in order to book your next appointment
- 3rd time no show - 100% of your service will be required in order to book your next appointment

Please understand that when you forget to cancel your appointment without giving enough notice, we miss the opportunity to fill that appointment time and patients on our waiting list miss the opportunity to receive services.

- 8. Clients arriving ten minutes after their scheduled appointment time will be considered late for their appointment, and their appointment may be rescheduled as a result, allowing the provider to take their next scheduled appointment on time.
9. Every effort is made to accommodate your request to see specific providers but we cannot guarantee that you see the same provider for all treatments. We will inform you of these changes prior to treatment.
10. For all Coolsculpting treatments, a 10% deposit is required at the time of scheduling the appointment. This deposit may be forfeited, if a cancellation less than 24 hours occurs or the appointment is missed.
11. Any other services that require more than 60 minutes will be charged a \$100 deposit in order to hold the appointment. The deposit will be applied once services are rendered. This deposit may be forfeited, if a cancellation less than 24 hours occurs or the appointment is missed.
12. Skin care product purchases can be returned within 30 days of purchase, ONLY if they are unopened and unused. Latisse, Renova, Retin A and Hydroquinone products cannot be returned. All Clarisonic product returns or problems must be done through L'Oreal/Clarisonic. We can provide you the necessary receipt to assist with your return. A refund by Premier Spa & Laser Center may not be provided in the same form of initial payment(s). All refunds will be provided by a check in the mail within 2-3 weeks of receipt of return. If you do not wish a check refund a credit can be left on your account for future service(s) and/or purchase(s) within the spa.

These policies are subject to change without notice. If you have any questions or need assistance with any financial matters relating to your treatment, please contact our Aesthetic Associates for help.

X _____ DATE: _____ MRN: _____

PATIENT, GUARANTOR, OR PERSONAL REPRESENTATIVE'S SIGNATURE

The patient/guarantor has the responsibility to inform PSLC if the patient's contact information changes, i.e. phone number, address, and email. Your signature on this page signifies that you acknowledge and accept the above policies.