Pre-Treatment Skin Evaluation Form

Name: ______________________________________ **Date:** _________________

Have you received a skin exam with a dermatologist in the last year? Yes____ No____
Any previous peels, microdermabrasion, facials? Yes____ No____ Type and Last Treatment ______________________________
Any previous lasers or microneedling treatments? Yes____ No____ Type and Last Treatment______________________________
Wax, pluck, shave, bleach, trim, electrolysis for unwanted hair? Area(s)______________________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____ If yes, specify_________________________
Any history of keloids (abnormal scarring) Yes____ No____ Site____
Do you suntan? Yes____ No____ Do you use self-tanning lotions? Yes____ No____ Last application? ___________________
Do you use sunscreen every day? Yes ____ No____ What SPF____________
Have you ever had: Botox/Dysport/Filler Yes____ No ____ Last Treatment____
Permanent Make Up Tattoo: Yes ______ No _______ Location/Site: ____

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_______ Expected outcome reviewed: Yes______ No_______

Services Suggested: ____

____

____

____

Products Suggested: ____

Patient will schedule: LHR/GMAX ________ IPL_______ VBeam _______ PICO______ Isolaz ______ MDA_______
C+B ________ HF _______ DG_______EVO______ CS________ EMS_______SylfirmX______

Signature of consultant: ____ Date: _________________________

Name: ____________________________________

Date of Birth: ______________________________

Premier Spa & Laser Center

Information Sheet

Pharmacy: ____ Phone: _______________________________________

Family Physician: ____ Phone: ______________________________________

Dermatologist: ____ Last Skin Exam: _______________________________

Past Medical History: NONE (circle if no history)

(Check all that apply)

- ◻ Adrenal Insufficiency
- ◻ Anemia/Thalassemia
- ◻ Anxiety
- ◻ Arthritis
- ◻ Asthma
- ◻ Atrial Fibrillation (irregular Heartbeat)
- ◻ Auto- Immune Disease
- ◻ **Bell's Palsy**
- ◻ Bipolar Disorder
- ◻ Blood Clotting Disorder
- ◻ BPH
- ◻ Breast Cancer
- ◻ **Cold Sores**
- ◻ Colon Cancer
- ◻ Congestive Heart Failure
- ◻ COPD
- ◻ Coronary Artery Disease
- ◻ Deep Vein Thrombosis (DVT)
- ◻ Depression
- ◻ Diabetes
- ◻ Easy Bruising
- ◻ End Stage Renal Disease
- ◻ GERD
- ◻ Glaucoma
- ◻ Head Trauma
- ◻ Hearing Loss
- ◻ Heart Attack
- ◻ Heart Disease
- ◻ Heart Murmur
- ◻ Hepatitis
- ◻ Hypertension
- ◻ HIV/AIDS
- ◻ Hypercholesterolemia
- ◻ Hyperthyroidism
- ◻ Hypothyroidism
- ◻ **Keloids/Unusual Scarring**
- ◻ Leukemia
- ◻ Liver Disease
- ◻ Lung Cancer
- ◻ Lung Disease
- ◻ Lupus
- ◻ Lymphoma
- ◻ Mental Health Hospitalization
- ◻ Mitral Valve Prolapse
- ◻ Neuromuscular Disorder
- ◻ **Pacemaker**
- ◻ Paralysis
- ◻ Pneumothorax
- ◻ Prostate Cancer
- ◻ Pulmonary Embolism
- ◻ Radiation Treatment
- ◻ Renal Disorder
- ◻ Rheumatoid Arthritis
- ◻ Seizures
- ◻ Severe Reaction to Anesthesia
- ◻ **Shingles**
- ◻ Sleep Apnea
- ◻ Spinal/Back Disorder
- ◻ Stomach Problem/Ulcer
- ◻ Stroke (CVA/TIA)
- ◻ Trauma
- ◻ Vision Loss
- ◻ Current Cancer Treatment
- ◻ **Metallic Implants**
- ◻ Other ____________________

Past Surgeries: NONE (circle if no surgical history)

(Check all that apply)

Abdomen/Abdominal Wall:

- ◻ Laparoscopy
- ◻ Laparotomy
- ◻ Hernia Repair- Left Femoral
- ◻ Hernia Repair- Left Inguinal
- ◻ Hernia Repair- Right Femoral
- ◻ Hernia Repair- Right Inguinal
- ◻ Hernia Repair- Umbilical
- ◻ Hernia Repair- Ventral
- ◻ *Appendix* (Appendectomy)
- ◻ *Bladder* (Cystectomy)
- ◻ *Bowel Resection*

Brain:

- ◻ Surgery for Cancer
- ◻ Surgery for Trauma

Breast:

- ◻ Breast Biopsy
- ◻ Lumpectomy- Both breasts
- ◻ Lumpectomy- Left breast
- ◻ Lumpectomy- Right breast
- ◻ Mastectomy- Both breasts
- ◻ Mastectomy- Left Breast
- ◻ Mastectomy- Right Breast
- ◻ *Cesarean Section*

Colon:

- ◻ Colon Cancer Resection
- ◻ Diverticulitis
- ◻ Inflammatory Bowel Disease
- ◻ Colostomy
- ◻ *Esophagus***-** Esophagectomy
- ◻ *Gallbladder*

Heart:

- ◻ Biological Valve Replacement
- ◻ Coronary Artery Bypass Surgery
- ◻ Heart Transplant
- ◻ Mechanical Valve Replacement

Joint Replacement:

- ◻ Hip- Both
- ◻ Hip- Left
- ◻ Hip- Right
- ◻ Knee- Both
- ◻ Knee- Left
- ◻ Knee- Right

Kidney:

- ◻ Biopsy
- ◻ Stone Removal
- ◻ Transplant
- ◻ Nephrectomy

Liver:

- ◻ Hepatectomy
- ◻ Transplant
- ◻ Shunt

Lung:

- ◻ Left Upper/Lower Lobectomy
- ◻ Left Pneumonectomy
- ◻ Right Upper/Lower Lobectomy
- ◻ Right Pneumonectomy

Ovaries:

- ◻ Endometriosis
- ◻ Ovarian Cancer
- ◻ Ovarian Cyst
- ◻ Tubal Ligation
- ◻ *Pancreas*- Pancreactomy

Prostate:

- ◻ Biopsy
- ◻ Cancer
- ◻ TURP

Skin:

- ◻ Basal Cell Carcinoma
- ◻ Melanoma
- ◻ Skin Biopsy
- ◻ Squamous Cell Carcinoma
- ◻ *Spine Surgery*
- ◻ *Spleen*- Splenectomy

Stomach:

- ◻ Gastrectomy
- ◻ Gastostomy
- ◻ *Tonsillectomy*

Uterus:

- ◻ Fibroids
- ◻ Uterine/Cervical Cancer
- ◻ *Hysterectomy*
- ◻ *Other* ____________________

Skin Disease:

(Check all that apply)

- ◻ Acne
- ◻ Actinic Keratosis
- ◻ Basal Cell Carcinoma
- ◻ Blistering Sunburns
- ◻ Dry Skin
- ◻ Eczema
- ◻ Flaking or Itchy Scalp
- ◻ Hay Fever/Allergies
- ◻ Melanoma
- ◻ Poison Ivy
- ◻ Precancerous Moles
- ◻ Psoriasis
- ◻ Squamous Cell Skin Cancer
- ◻ Other ________________

Do you wear sunscreen? ◻ Yes ◻ No If Yes what SPF? _________ Do you tan in a tanning salon? ◻ Yes ◻ No

Plastic Surgery History: NONE (circle if no plastic surgery history)

(Check all that apply)

Abdomen:

- ◻ Abdominal Wall Reconstruction
- ◻ Abdominoplasty

Body Contouring:

- ◻ Brachioplasty
- ◻ Liposuction
- ◻ Lower Body Lift
- ◻ Thigh Lift
- ◻ Upper Body Lift

Breast:

- ◻ Augmentation
- ◻ Lift (Mastopexy)
- ◻ Reconstruction
- ◻ Reduction
- ◻ Implant Removal
- ◻ Nipple Reconstruction
- ◻ *Burn Wound Reconstruction*
- ◻ *Carpal Tunnel Release*
- ◻ *Chemical Peel*

Cleft:

- ◻ Lip Repair
- ◻ Palate Repair

Ears:

- ◻ Reconstruction
- ◻ Earlobe Repair
- ◻ Otoplasty

Face:

- ◻ Blepharoplasty
- ◻ Brow Lift
- ◻ Cheek Augmentation
- ◻ Chin Augmentation
- ◻ Facelift
- ◻ Lefort Osteotomy
- ◻ Lower Blepharoplasty
- ◻ Orbital Floor Fracture
- ◻ Repair of Craniosynostosis
- ◻ Upper Blepharoplasty
- ◻ *Hair Restoration*
- ◻ *Laser Hair Removal*
- ◻ *Liposuction of Face*
- ◻ *Liposuction of Neck*

Nose:

- ◻ Rhinoplasty
- ◻ Septoplasty
- ◻ *Scar Revision*
- ◻ *Other* __________________

Medications: Please list all medications that you are taking including topicals

Allergies: Please list all drug, anesthetic (numbing medication), tape, latex, iodine, or food allergy

Social History:

(Check all that apply)

Smoking Status: ◻ Current ◻ Former ◻ Never

- ◻ Start Date: ________________
- ◻ Quit Date: _________________

Alcohol use: ◻ None ◻ less than 1 drink per day ◻ 1-2 drinks per day ◻ 3 or more per day

Occupation:______________________________

Alerts: (Check all that apply)

- ◻ **Use of Accutane**
- ◻ Allergy to latex
- ◻ Allergy to lidocaine
- ◻ Allergy to topical antibiotic ointments
- ◻ Artificial heart valve
- ◻ Artificial joints within past two years
- ◻ **Blood thinners**
- ◻ History of Melanoma
- ◻ Malignant hyperthermia
- ◻ MRSA
- ◻ **Pacemaker/Defibrillator**
- ◻ Premedication prior to procedures
- ◻ Rapid heartbeat with epinephrine
- ◻ **Currently Pregnant or Breastfeeding**

Signature:____**Date:**_________________________

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. The health and safety of our patients is our first priority, therefore at this time we have had to update several of our policies in the Spa, see below:

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

Effective 2021

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. 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. (Returned checks are subject to a $30.00 service charge.)
4. 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.**
5. **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 – 50% of your service will be required in order to book your next appointment**
    - **2nd 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.
6. **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.
7. All consults will now require a $50 deposit **OR** a credit card kept on file that will be charged in the event of a "no show" or last-minute cancellation.
8. For all Coolsculpting treatments, a deposit is required at the time of scheduling the appointment. This deposit *may* be forfeited, if a cancellation less than **48 hours** occurs or the appointment is missed.
9. All services will now require a deposit **OR** a credit card kept on file that will be charged in the event of a "no show" or last-minute cancellation. The deposit will be applied once services are rendered. This deposit ***will*** be forfeited, if a cancellation less than 24 hours occurs or the appointment is missed.
10. 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. 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.