

Synergi MedSpa

Client Information and Medical History

Name _____ Date _____

Address _____
Street City, State, Zip

Birthdate _____ Age _____ Height _____ Weight _____ Male Female

Phone numbers _____
Home Office Cell Check box if you would like to receive special text promotions

Occupation _____ Pharmacy phone number _____

Please enter your email address to receive special pricing, promotions and e-newsletters.

Email: _____ Wedding anniversary date _____

What prompted you to choose Synergi MedSpa?

- Richard Maack, MD Facebook/Social Media Internet/website E-Newsletter
 On-Line Reviews Friend _____ Other: _____

Skin characteristics:

- Dry Oily Normal Combination Sensitive Other: _____

Concerns:

- Sun spots, pigmentation Cellulite Large pores Excess hair
 Facial vessels, spider veins Unwanted fat Acne, acne prone Wrinkles
 Skin tone/texture Loss of facial volume Unwanted tattoo Other _____

Female wellness issues: Urinary incontinence Dryness, irritation Painful intercourse

Do you have a history of:

- Heart disease Diabetes Bruising Dark spots after pregnancy
 Keloid scarring Bleeding disorders Skin injury Skin cancer or suspicious moles
 Asthma, respiratory problems **Cold sores/fever blisters/herpes virus**

Medications and medical conditions

- Aspirin Anti-coagulants (blood thinners) Anti-inflammatories Insulin
 Cortisone Hormones/contraceptives Appetite suppressant Pacemaker
 Defibrillator Sedatives, tranquilizers Accutane (currently or within last 6 months)
 Thyroid medication Other _____

Do you have any known allergies (medication, products, latex, etc.)? Yes No

If yes, please specify and reaction _____

(OVER)

Reviewed by _____
(Staff) Initials Date

- History of:**
- Cosmetic surgery Area(s), dates(s) _____

 - Botox or Dysport Date of last treatment _____
 - Filler Product(s) and date of last treatment _____

 - Chemotherapy Date of last treatment _____

Please list your present skin care regimen and products: _____

Are you using, or have you ever used, tretinoin/retinol/Retin-A products? Yes No

Mark your skin type (when exposed to the sun for about 1 hour with no protection):

- I Always burns, never tans
- II Always burns, sometimes tans
- III Sometimes burns, sometimes tans
- IV Always tans
- V Asian, Hispanic, Mediterranean, Middle Eastern
- VI Black

When were you last actively exposed to the sun, tanning bed or used self-tanner? _____

Are you planning a holiday in the sun within the next month? Yes No

Are you pregnant, nursing, or planning a pregnancy soon? Yes No

Are you taking any herbal preparations, i.e. St. John's Wort, etc.? Yes No

If yes, please list: _____

Have you had an adverse reaction to anesthesia? Yes No

Do you have any skin related allergies, i.e., eczema, psoriasis, dermatitis, etc.? Yes No

If yes, please list _____

Have you ever had skin resurfacing, rejuvenation or chemical peels? Yes No

If yes, last date and which treatment? _____

Have you ever had treatments for pigmented lesions or skin cancer? Yes No

If yes, last date and which treatment? _____

We find it helpful to take before and after photos. Please let your technician know if you do not wish to have your photo taken. We may use your photos for educational purposes with other clients and staff.

CANCELLATION POLICY

We understand that schedules change. **However, we request that you provide at least 48-hours notice of cancellation prior to your scheduled appointment to avoid cancellation fees. These fees are as follows:**

- **\$100 per scheduled hour for R.N. services**
- **\$ 50 per scheduled hour for Esthetics/Massage services**

If your appointment is scheduled outside the R.N. or Esthetician's regularly scheduled hours, we will require a non-refundable prepayment for all services.

We strive to offer our clients flexibility in scheduling and appointment availability. Thank you in advance for respecting and understanding the need for this policy.

Patient signature

Date

I give my permission for Synergi MedSpa staff to have access to my medical records with Dr. Richard Maack of Synergi Facial Surgery and ENT Associates, Inc.

Patient signature

Date