

SYNERGI MEDSPA

CLIENT INFORMATION

Name _____ Date _____

Address _____
Street City, State, Zip

Birthdate _____ ☐ Male ☐ Female

Cell Phone _____ Email Address _____

What prompted you to choose Synergi MedSpa?

☐ Dr. Maack ☐ Social Media ☐ Website ☐ E Newsletter ☐ Online Reviews
☐ Friend/Current Client _____ ☐ Other _____

Concerns:

☐ Sun Spots / Pigmentation ☐ Large Pores ☐ Excess Hair ☐ Unwanted Fat
☐ Facial Vessels / Spider Veins ☐ Acne / Acne Prone ☐ Wrinkles ☐ Skin Tone/Texture
☐ Loss of Facial Volume ☐ Unwanted Tattoo ☐ Female Wellness ☐ Other

Current Medications:

☐ Anti-coagulents (blood thinners) _____ ☐ Hormones/Contraceptive
RX name and dose / last used
☐ Anti-inflammatories _____ ☐ Supplements ☐ Aspirin
RX name and dose / last used
☐ Accutane (within last 6 mos.) ☐ Thyroid medications ☐ Other _____

Do you have any autoimmune issues? ☐ Yes ☐ No

If yes, please list: _____

Do you have any known drug allergies? ☐ Yes ☐ No

If yes, please list: _____

Do you have any skin related allergies? ☐ Yes ☐ No

If yes, please list: _____

Complimentary Consultation and Cancellation Policies

As a courtesy, we offer your initial consultation at no charge. Additional consultations may be subject to a \$50 charge, which will be credited to your next treatment if scheduled within 90 days. 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 a cancellation fee (\$100 per hour of scheduled treatment). If your appointment is scheduled outside of the providers 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 our need for this policy.

Client Signature

Date