Medical WalkIn & BodyCare MedSpa

Sai Medical Services LLC ('Medical WalkIn')

162 Main St. Metuchen N.J. 08840

(732) 494-5500

NEW CLIENT HISTORY

First Name: ____ Date: ________________

Last Name: ____________________________________ Birth Date: ____________________

Address: ____

City: ______________________________ State: ______________ Zip code: ______________

Cell Phone: ____________________ Home Phone: ______________ Work Phone: ______________

Email : __________________________________ Occupation: ________________________

How did you hear about us? ____

What brings you to BodyCare Med Spa? ____

LASER SCREENING

Do you have Diabetes or any other medical condition that will impair the healing process? Yes No

Do you experience Vitiligo? Yes No

Do you have blood disorders? Yes No

Do you use exfoliating products? (i.e Retin-A, Retinol, or Aggressive Scrubs) If so when were they used last Yes No

Which Drugs Can Up the Risk of Photosensitivity any below one: Alpha-hydroxy acids in cosmetics. Antibiotics (ciprofloxacin, doxycycline, levofloxacin, ofloxacin, tetracycline, trimethoprim) Antifungals (flucytosine, griseofulvin, voricanozole) Antihistamines (cetirizine, diphenhydramine, loratadine, promethazine, cyproheptadine) Yes No

What skin care products are you currently using? ____________________________

Are you happy with your skin care products Yes No

Please tell us about your skin (check all that apply): Normal Acne Hyper-pigmentation
Dry Large Pores Hypo-pigmentation
Oily Melasma Capillaries

Natural Hair Color__________________; Natural Eye Color____________

What are your skincare goals?____

Additional information you would like your technician to know_________________________________

What is your ethnic background (i.e. Italian, French, Hispanic, African American, etc.)?___________

Do you have Eczema or Psoriasis? Yes No

Do you experience Allergic Dermatitis? Yes No

Is your immune system compromised in any way? (i.e. HIV, Steroids or age)	Yes	No
Have you taken Accutane within the past year?	Yes	No
Are you on any anticoagulants, daily Aspirin, Motrin, or Advil?	Yes	No
Have you ever been treated with a laser, microdermabrasion, chemical peel, dermal fillers, or injection? If so please list ____	Yes	No
Do you or have you used any topical medications, creams, exfoliating products such as Retin-A, Renova, Tazorac, Differin, Obagi, Aggressive Scrubs, or any others? _________________________	Yes	No
Do you have permanent makeup or tattoos?	Yes	No
For Woman: Are you or could you be pregnant?	Yes	No
For Woman: Are you currently breast-feeding?	Yes	No
For Woman: Are your menstrual cycles normal?	Yes	No
Do you take corticosteroids?	Yes	No
Are you currently on any topical or oral antibiotic acne medication? If so, what are you using? Medication(s): __________________ Last Dose? Date: ______________	Yes	No
Do you have a cold, the flu, or any other sickness?	Yes	No
Do you have veneers on your teeth?	Yes	No
Do you have a history of cold sores, fever blisters, or herpes 1 or 2 in or around the treatment area? If so, when was your last outbreak? _____________*the use of lasers and IPL can trigger an outbreak. (If Herpes, you must take an antiviral for 2 days prior to treatment, day of treatment, and 2 days post treatment	Yes	No
Do you have a history of hypo/hyper-pigmentation?	Yes	No
Do you have a history of keloid scarring or any other textual skin changes after procedures?	Yes	No
Do you have any collagen diseases such as Ehlers-Danlos or Scleroderma?	Yes	No
Do you have any social engagements in the next 2 days?	Yes	No
Do you have any allergies to latex, medications, herbal or natural supplements? If so please list ____	Yes	No
Do you have any chronic medical conditions which we should know about? If so please list ____	Yes	No
Do you have, or have you had, any changes in medical history recently?	Yes	No
Please list any and all current/past surgeries ____	Yes	No
Do you currently have any dermal fillers in the treatment area?	Yes	No

CONSENT FOR PULSED LIGHT/LASER TREATMENTS

I give my consent and authorization to BodyCare Med Spa to treat me with cosmetic laser and/or pulsed light modalities. This includes, but is not limited to, photofacials, fractional laser skin resurfacing, laser and intense pulse light hair removal, light-based treatment of pigmented or vascular lesions, intense pulse light acne reduction, and laser tattoo removal.

I understand that these procedures are purely elective, that the results may vary with each individual, no guarantee can be provided in regards to the outcome of medical procedures such as these, and multiple treatments may be necessary to achieve maximum results.

I consent to photographs being taken for use in the follow areas: evaluation of treatment effectiveness, medical education and training, marketing, media stories, advertising and other sales purposes. No photographs revealing my identity will be used without my written consent. If my identity is not revealed, these photographs may be used and displayed publically without my permission.

I acknowledge and understand that:

- Serious complications are rare, but possible.
- Common side effects include temporary redness and mild "sunburn" like effects that may last anywhere from a few hours to 3-4 days.
- Pigment changes, including hypo-pigmentation (lightening of skin) or hyper-pigmentation (darkening of skin) lasting 1-6 months or longer, may occur.
- Freckles may temporarily or permanently disappear in treated areas.
- Other potential risks include crusting, itching, pain, bruising, burns, infection, scabbing, scarring, swelling, and failure to achieve the desired result.
- Laser and intense pulse light treatments can cause eye injury and protective eyewear must be worn during the all treatments.
- I understand that sun or tanning lamp exposure and not adhering to the post-care instructions provided by BodyCare Med Spa may increase my chances of complications.

I acknowledge that pre- and post-treatment instructions have been discussed with me. The procedure as well as potential benefits and risks have been explained to my satisfaction. I have had all my questions answered. I freely consent to the proposed treatments.

PRE AND POST CARE FOR LASER HAIR REDUCTION AND PHOTOFACIALS

PRE:

- Avoid anti-biotic 2 weeks before treatment day.
- Avoid the sun for at least 2 weeks before and after the treatment
- Avoid electrolysis, plucking, and/or waxing for at least 4 weeks prior to treatment
- If you have a history of herpes, prophylactic antiviral therapy must be started the day before treatment and continued one week after treatment.
- The use of tanning creams, tanning beds, or bronzers must be discontinued before and during treatments.

POST:

- Immediately after treatment there may be erythema (redness) and edema (swelling) at the treatment site. This usually lasts 2 hours or longer. The erythema may last up to 10 days. The treatment area may feel like a sunburn for a few hours after the treatment, but it will subside.
- Hydrocortisone may be used for 3 – 5 days post treatment.
- No heat, such as saunas, steam rooms, Jacuzzis, extremely hot showers, or strenuous activities. No prolonged heat for a minimum of 48 hours post treatment.
- Avoid sun exposure to avoid hypo-pigmentation and hyper-pigmentation.
- Avoid picking or scratching the treated areas. Please do not use any hair removal products or similar treatments (i.e. electrolysis, plucking, and/or waxing). Those will disturb the hair follicle. Shaving is permitted.
- Up to 2 weeks post treatment you will notice shedding of the treated hair. This is not new growth. You can clean and remove the hair by washing or wiping the area with a wet cloth.
- Treat your skin gently for at least 24 hours after your treatment.

I have read and understand the pre and post treatment instructions.

Client Signature:______________________________ Date:____________

Print Name:______________________________ Date:____________

Authorized Representative/Provider Signature:______________________________ Date:____________

Print Name:______________________________ Date:____________

Medical WalkIn & BodyCare MedSpa
Sai Medical Services LLC
162 Main St. Metuchen N.J. 08840 Ph: **(732) 494-5500**

24-Hours Cancellation Policy

In order to ensure that we are at BodyCare MedSPA provide a quality and timely service, we work with appointments and require at least **24 hours notice to cancel or change any appointment.** We understand that certain circumstances are unavoidable and may require last minute cancellation and we will graciously reschedule you under certain circumstances. We do however reserve the right to require rescheduling fee of $25.00 or forfeiture of one treatment session if there are cancellation with less than 24 hours notice, as well as no-shows. This policy is in place out of respect to the professionals treating you and our clients. Cancellation with less than 24 hours notice are difficult to fill. By giving less than 24 hours notice or no notice at all you prevent someone else from being able to schedule that particular time slot. By signing below, you are acknowledged that you have read and that you understand our cancellation policy.

Thank you for your understanding and consideration.

ACKNOWLEDGEMENT

I understand and acknowledge that all prices are final and payments for all procedures are non-refundable. I certify that I have read and understand the contents of this permission form and all disclosures were made clear to me. Hereby, I release BodyCare Medspa from any and all potential claims, liabilities and damages that may result from the procedures. I am informed and agree that BodyCare MedSpa can send me sms, text and email messages.

I also understand that if there is ANY dispute or dissatisfaction regarding the merchandise paid or services rendered herein, including fees paid by 'Medical WalkIn' to others that said dispute shall be taken up DIRECTLY with 'Medical WalkIn'. I agree that I will NOT request a charge back or credit to my credit card in connection with any charge made pursuant to this agreement. I hereby expressly waive my rights to request any charge back against 'Medical WalkIn' now, and in the future. In the event I do attempt a charge back to my credit card, then in the event of a lawsuit being filed by 'Medical WalkIn' in relation there to, 'Medical WalkIn' shall be entitled to recover all related attorneys' fees and cost of suit.

____
Patient signature

Skin Typing Assessement Quiz

One of the most important factors in deciding which Lase/IPL (and settings) to use is the patient skin type. Skin typing is determined by genetics, reaction of the skin to sun exposure and tanning habbits.
The following skin type quiz is intended as a simple only to provide additional help in the evaluation of an individual skin type. Skin typing of the area to be treated is to be assessed. LUMENIS takes no liability on that document and its content is not intendedto be a substitute for professional medical diagnosis.
Please take a few minutes to fill out this questionnaire. Mark 0 through 4 for each question

Genetic Predisposition

Score	0	1	2	3	4	Report Score
Your eye color?	Light blue, gray, green	Blue, gray or green	Blue	Dark Brown	Brownish Black	
Natural color of hair?	Sandy, red	Blonde	Chestnut/Dark Blonde	Dark Brown	Black	
Color of non-exposed skin?	Reddish	Very pale	Pale w/Beige tint	Light Brown	Dark Brown	
Do you have freckles on unexposed areas?	Many	Several	Few	Incidental	None	

Total score for genetic disposition: ______

Reaction to sun exposure

Score	0	1	2	3	4	Report Score
What happens when you stay in the sun too long?	Painful redness, blistering, peeling	Blistering, followed by peeling	Burns sometimes, followed by peeling	Rarely Burns	Never had burns	
To what degree do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tans easily	Turns dark brown quickly	
Do you turn brown within several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always	
How does your face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem	

Total score for genetic disposition: ______

Tanning habits

Score	0	1	2	3	4	Report Score
When did you last expose Your body to sun or Tanning booth/creams?	More than 3 months ago	2—3 months ago	1—2 months ago	Less than one month ago	Less than 2 weeks ago	
Did you expose the area To be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always	

Total score for Tanning Habits ______

Add up the total scores for each of the three sections for your SKIN TYPE SCORE ______

Skin Typing Assessement Quiz Page2/2

Skin Type Score	Skin Type	Features
0-7	I	Caucasian / freckles: Always burns and never tans (pale white skin)
8-16	II	Caucasian / freckles: Burns easily and tans minimally (white skin)
17-25	III	Darker Caucasian: Burns moderately and tans gradually (light brown skin)
25-30	IV	Miditerranean, Asian, Hisoanic Burns minimally and always tans well (moderate brown skin)
Over 30	V	Middle Eastern, Latin, Light-skinned black, Indian Rarely burns and tans profusely (dark brown skin)
	VI	Never burns (deeply pigmented dark brown to black skin)

Report total skin type score: Quiz skin type: Diagnosed skin type:

Has a consent form been signed? Yes/No Has an additional pre-treatment compliance checklist been completed? Yes/No

Assessment conducted by: Date of assessment: ______/______/__________

Pls print the name

Name of patient: Signature of patient:___________________

(I attest hereby that I have answered the above to the best of my knowledge)