



NAME \_\_\_\_\_  
LAST MIDDLE FIRST

DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

DOB \_\_\_\_\_

CITY \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_

CELLPHONE \_\_\_\_\_

REFERRED BY \_\_\_\_\_

EMAIL \_\_\_\_\_

### FACIAL ANALYSIS

\* For effective personalized treatments, please be as accurate as possible.

#### 1. Skin Type

- Normal
- Dry
- Sensitive
- Acne
- Oily
- Sensitive/Breakout
- Mature
- Combination
- Very Sensitive/Rosacea

#### 2. What are your present skincare concerns?

Please check all that apply

- Acne Lesions (cysts)
- Papules (inflamed)
- Blackheads
- Acne Scars
- Pustules (inflamed)
- Whiteheads
- Dilated Capillaries
- Ingrown Hairs
- Enlarged Pores
- Hyperpigmentation (brown spots from sun, scars, hormonal)

#### Eye Area

- Crows Feet/Wrinkles
- Puffiness
- Lack of Elasticity
- Dark Shadows

#### Mouth Area

- Wrinkles
- Nasolabial Folds
- Fine Lines

#### Cheek Area

- Loss of Elasticity
- Crows Feet/Wrinkles (sun damage)
- Hyperpigmentation
- Uneven Texture
- Uneven Tone
- Dilated Pores
- Visible Capillaries
- Freckles

#### Neck & Décolleté Area

- Wrinkles
- Lack of Elasticity
- Double Chin
- Severe Sun Damage
- Hyperpigmentation
- Lines

#### 3. How often do you receive a facial?

- Regularly
- Seldom
- Never

#### 4. Fine Lines and Wrinkles

- Forehead
- Eye Area
- Lip Area
- Cheeks

#### 5. Have you received any of the following medical or surgical procedures?

- Rhytidectomy (Face lift) \_\_\_\_\_ Date \_\_\_\_\_
- Rhinoplasty (Nose) \_\_\_\_\_ Date \_\_\_\_\_
- Blepharoplasty (Eye lift) \_\_\_\_\_ Date \_\_\_\_\_
- Laser Resurfacing \_\_\_\_\_ Date \_\_\_\_\_
- Facelift \_\_\_\_\_ Date \_\_\_\_\_
- Medical Acid Peels \_\_\_\_\_ Date \_\_\_\_\_
- Collagen Injections \_\_\_\_\_ Date \_\_\_\_\_
- Fillers \_\_\_\_\_ Date \_\_\_\_\_
- Botox® Injections \_\_\_\_\_ Date \_\_\_\_\_
- Other \_\_\_\_\_ Date \_\_\_\_\_

#### 6. Do you use any of the following?

- Eye Make-Up Remover \_\_\_\_\_ Date \_\_\_\_\_
- Cleanser/Toner \_\_\_\_\_ Date \_\_\_\_\_
- Boosters \_\_\_\_\_ Date \_\_\_\_\_
- Moisturizer \_\_\_\_\_ Date \_\_\_\_\_
- Exfoliator \_\_\_\_\_ Date \_\_\_\_\_
- Mask \_\_\_\_\_ Date \_\_\_\_\_
- Make-up \_\_\_\_\_ Date \_\_\_\_\_
- Sunscreen \_\_\_\_\_ Date \_\_\_\_\_

#### 7. What would you like to improve about your skin?

### BODY ANALYSIS

#### 8. What are your present concerns?

Please check all that apply

##### Dry and/or Flaky Skin

- Arms
- Elbows
- Chest
- Back
- Legs
- Knees
- Feet

##### Oily Skin and/or Breakout

- Back
- Chest

##### Loss of Elasticity & Firmness

- Breasts
- Inner Arms
- Mid-Torso
- Buttocks
- Inner Thighs

##### Cellulite

- Back of Arms
- Stomach
- Buttocks
- Thighs

##### 9. Tattoo

- Tattoo Removal

##### 10. Hair

- Hair Loss
- Hair Removal

#### 11. Have you received any of the following surgical procedures?

- Breast Augmentation
- Liposuction
- Other \_\_\_\_\_
- Breast Reduction
- Tummy Tuck
- Other \_\_\_\_\_

#### 12. Have you experienced Body Contour Treatments? Yes No

Date \_\_\_\_\_

#### 13. Do you use any of the following products?

- Body Scrub \_\_\_\_\_ Brand \_\_\_\_\_
- Body Wash/Soap \_\_\_\_\_ Brand \_\_\_\_\_
- Body Moisturizer \_\_\_\_\_ Brand \_\_\_\_\_
- Body Firming Cream \_\_\_\_\_ Brand \_\_\_\_\_
- Bath Salt \_\_\_\_\_ Brand \_\_\_\_\_

#### 14. How often do you receive body treatments?

- Regularly
- Seldom
- Never

#### 15. How often do you receive a massage?

- Regularly
- Seldom
- Never

#### 16. What would you like to improve about your body?

\_\_\_\_\_

## NUTRITION & WELLNESS ANALYSIS

### 17. Weight

- Weight Gain                       Consistent Food Craving  
 Unhealthy Eating Habits     Access Belly & Waist Weight (love handles)

### 18. Health

- Exhaustion             Hair Loss             Insomnia  
 Depression            Smoking              Moodiness

### 19. Sexual Health

- Desiring Lifestyle Change  
 Little To No Libido  
 Vaginal Dryness  
 Painful Sex

## HEALTH RECORD

### 20. Have you ever been diagnosed with any of the following skin disorders?

- Acne                             Seborrhea             Mycosis (fungal infection)  
 Psoriasis                     Skin Cancers         Contact Dermatitis  
 Rosacea                     Eczema

### 21. Do you suffer from any allergies?

(cosmetic ingredients, food, iodine, medications, hay fever, latex)

- No                                 Yes, (please specify) \_\_\_\_\_

### 22. Are you currently undergoing chemotherapy or radiation therapy?

- No                                 Yes, (please specify) \_\_\_\_\_

### 23. Are you currently taking any medications, herbs, vitamins?

Internal: \_\_\_\_\_

Topical: \_\_\_\_\_

### 24. Have you ever been prescribed Accutane\*?

If yes, last date used? \_\_\_\_\_

### 25. Do you have any body implants?

- Prosthesis                     Metal  
 Other, explain \_\_\_\_\_

### 26. Have you ever been diagnosed with any of the following?

- Anxiety                         Cancer                     Hemophilia  
 Depression                     Diabetes                     Hepatitis  
 Migraines                       Thyroid                       Herpes  
 Asthma                          Epilepsy                     HIV  
 Sinus Problems               Heart Problems             Other  
 High Blood Pressure         Low Blood Pressure

### 27. Do any of the following apply to you?

- Smoke                          Exercise  
 Eat Spicy Foods               Wear Contact Lenses

### 28. When exposed to the sun, do you?

- Burn Easily                     Tan Easily  
 Never Burn                     Never Tan

### 29. How often do you consume alcohol?

- Regularly                       Seldom                     Never

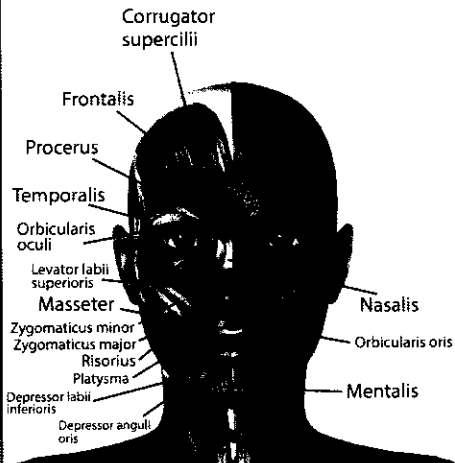
### 30. How many glasses of water do you consume daily?

- 1-2                               3-5                          6-8+

### 31. For Women Only...

- Regular Menstruation         Menopause  
 Pregnant                         Birth Control Pill  
 Lactating                       IUD (copper or plastic)  
 Hormonal Problems

## SKIN ANALYSIS (PROFESSIONAL USE ONLY)




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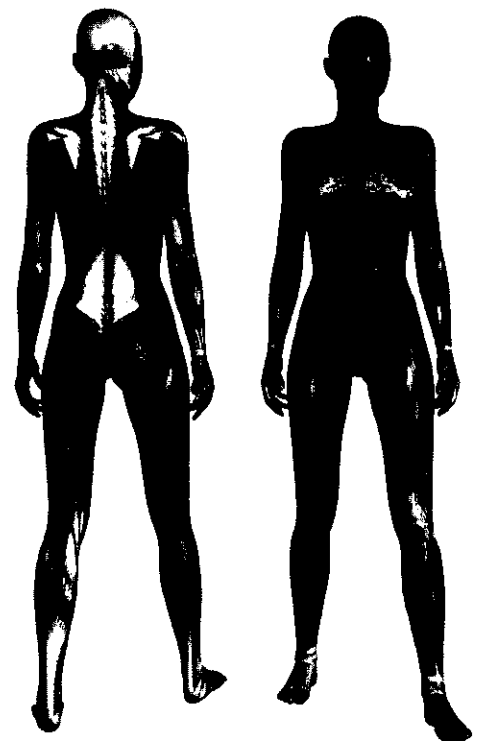
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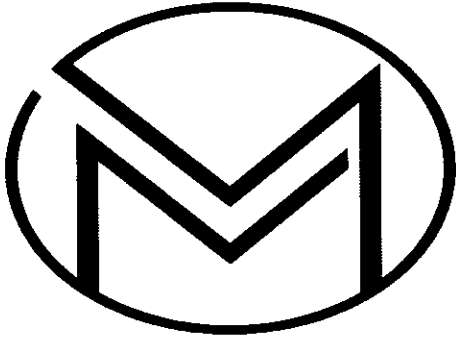
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**M SPA**  
**F A C E & B O D Y**

## ***Office Policies***

### **Booking Consultations**

When booking a Consultation with one of our providers there is a non-refundable deposit required of \$50. If you no show your appointment, or do not call to reschedule within 24 hours of your scheduled appointment you will lose your deposit.

### **Cancellation**

To remain timely and respectful with our patient flow and optimal care we have implemented the following cancellation policy:

- All patients are required to pay a \$50-\$100 deposit at the time of booking an appointment depending on treatment. The deposit will be credited to services rendered. In the event of a No Show or cancellation less than 24 hours, the deposit will NOT be refunded.
- Appointment times are reserved especially for you. Please be mindful of this if you are unable to keep your appointment. Providing us with a 24-hour notice will help make this appointment available to another patient.
- If you no-show or cancel less than 24 hours prior to your scheduled time you will lose your deposit.

We understand that unplanned issues can arise, but we have seen an increase in the number of patients not keeping their scheduled appointments or calling to cancel same day, reschedule same day, or simply not showing or not calling. As a courtesy, we confirm appointments via email, text, and or by phone. If we have a cancellation on the schedule, we like to offer the time slot to a patient on our "waiting list", or to a patient who is who is calling for a same day appointment. When a patient does not show up for a scheduled appointment, another patient loses the opportunity to be seen.

Thank you for being a valued patient and your understanding and cooperation regarding this policy.

### **Late Arrival**

We suggest arriving 5-10 minutes prior to your scheduled time to allow time to complete any paperwork or answer questions about your service. We understand that issues can arise that may cause you to be late for your appointment. However, we ask that you call us to inform us if that occurs so we can do our best to accommodate you and stay respectful of the providers' time. Appointment times are reserved for each

patient, so, oftentimes, we cannot exceed that reserved time and will need to reschedule your appointment. If you arrive **10 minutes** past your scheduled time you will lose your appointment time and will have to be rescheduled. If you are habitually late, then you may not be allowed to reschedule.

**Refund Policy**

At M Spa Face & Body, we work individually with each patient to discuss treatment options and expected outcomes, benefits and risks associated with each treatment. We offer individual treatments as well as discounted treatment package options so each patient may choose the approach best suited to their needs and stay respectful of their budgets.

Once services are purchased, they will NOT be refunded, however, to ensure our patients always receive the best experience, unused service values maybe applied to another service at M Spa Face & Body.

For skin care products, all sales are FINAL. However, should you have a reaction to one of the products it can be returned withing 7 days for a full refund.

All treatment sales, such as but not limited to, Botox ® , Dysport ® , dermal fillers, laser treatments, facials, chemical peels, Diamond glow ® , microneedling, body treatments, Secret RF ® , and facials are FINAL. Refunds or credits **cannot be offered once a treatment is completed.**

**Sales**

If your treatment cost is \$3500 or more, we accept Care Credit with a 12 month free interest, anything under \$3500 we offer 6 months free interest.

**Tipping Policy**

We want all patients to know going in the exact price of our treatments, therefore we DO NOT allow tipping. We reward our team members internally. The best "TIP" you could give your aesthetician or provider is a good review on Google, Facebook, Instagram, and Yelp.

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We strive to give our patients the best outcomes and results. Aesthetics are not an exact science and how you respond to any given treatment will vary from person to person. Payments made for services are for treatments to be performed not for a specific result. We will always do our best to try and achieve the best result that we can for you and stay respectful of your request.

Thank you for allowing us to serve you!

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date

# HIPAA Compliance Patient Consent Form

Our Notice of Privacy Practices provides information about how we may use or disclose protected health information.

The notice contains a patient's rights section describing your rights under the law. You ascertain that by your signature that you have reviewed our notice before signing this consent.

The terms of the notice may change, if so, you will be notified at your next visit to update your signature/date.

You have the right to restrict how your protected health information is used and disclosed for treatment, payment or healthcare operations. We are not required to agree with this restriction, but if we do, we shall honor this agreement. The HIPAA (Health Insurance Portability and Accountability Act of 1996) law allows for the use of the information for treatment, payment, or healthcare operations.

By signing this form, you consent to our use and disclosure of your protected healthcare information and potentially anonymous usage in a publication. You have the right to revoke this consent in writing, signed by you. However, such a revocation will not be retroactive.

By signing this form, I understand that:

- Protected health information may be disclosed or used for treatment, payment, or healthcare operations.
- The practice reserves the right to change the privacy policy as allowed by law.
- The practice has the right to restrict the use of the information but the practice does not have to agree to those restrictions.
- The patient has the right to revoke this consent in writing at any time and all full disclosures will then cease.
- The practice may condition receipt of treatment upon execution of this consent.

May we phone, email, or send a text to you to confirm appointments? YES NO

May we leave a message on your answering machine at home or on your cell phone? YES NO

May we discuss your medical condition with any member of your family? YES NO

If YES, please name the members allowed:

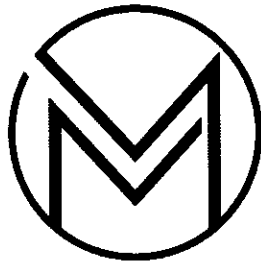
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This consent was signed by: \_\_\_\_\_  
(PRINT NAME PLEASE)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_



M SPA  
FACE & BODY

**Authorization for Release and Use of Photographs**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Treatment(s): \_\_\_\_\_

Provider: \_\_\_\_\_

Photographs (including digital images) will be taken for treatment documentation purposes. Photographs will become part of the patient chart and will be handled in accordance with the Health Insurance Portability and Accounting Act of 1996 (HIPAA). In addition, the undersigned grants to the treating physician the on-going and unrestricted right to use the photographs (but NOT the patient name) in the ways indicated below.

**Your name/identifying information will not be revealed.** Please initial consent (yes)/non consent (no)

Yes \_\_\_ No \_\_\_ For use during in-office patient consultations

Yes \_\_\_ No \_\_\_ For use on M SPA Face & Body Website (we will show you the picture for approval)

Yes \_\_\_ No \_\_\_ For use on social media use such as our Company Facebook & Instagram (we will show you picture for approval)

Yes \_\_\_ No \_\_\_ For external Marketing/ public relations (including referral websites, magazine ad's, television media, you tube, general media that provides information about the physician, practice, or specific procedure)?

***I am at least 18 years of age and am competent in my own name. I grant this consent as a voluntary consent on the interest of public education and certify that I have read the above consent form and fully understand its terms. This consent will be valid unless I give written consent to M Spa Face & Body.***

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date