



# NEW PATIENT FORM

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

Name: \_\_\_\_\_ (First) (Middle) (Last) Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F Occupation: \_\_\_\_\_

(Street) (City) (State) (Zip code)

Cell: (\_\_\_\_\_) Home : (\_\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_\_) Email: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

**How Did You Hear About Us?** Internet Friend Drive-by TV Newspaper Magazine Other: \_\_\_\_\_

If referred by a friend, please give us their name for referral credit: \_\_\_\_\_

How do you rate your overall health? **GOOD FAIR POOR**

Are you currently under the care of a physician, NP, PA, specialist, or chiropractor? Yes No

If yes, please list **name** and date of last visit. \_\_\_\_\_

Ever had **ADVERSE REACTIONS** to any laser or cosmetic treatment? Y N If yes, please explain \_\_\_\_\_

<b>ARE YOU ALLERGIC TO:</b>	Lidocaine	Y N	Latex	Y N	Any Medications	Y N
List Any Medications or Allergies:						

<b>MEDICAL HISTORY:</b> Do you have now or ever had any of these diseases or conditions? (Please circle yes or no).							
Anesthesia Problems	Y N	Depression	Y N	Heart Murmur	Y N	Melanoma/Skin Cancer	Y N
Anxiety	Y N	Diabetes	Y N	Hepatitis	Y N	Pacemaker/Defibrillator	Y N
Arthritis	Y N	Dizzy Spells	Y N	High Blood Pressure	Y N	Phlebitis/DVT	Y N
Asthma/Wheezing	Y N	Epilepsy/Seizures	Y N	HIV/AIDS	Y N	Psychiatric Conditions	Y N
Bleeding Problems	Y N	Excessive Scarring	Y N	Hormone Imbalance	Y N	Stroke	Y N
Blood Clots	Y N	Eye Disease	Y N	Irregular Heartbeat	Y N	Swelling Hands/Feet	Y N
Bruise Easily	Y N	Fainting	Y N	Kidney Disease	Y N	Thyroid Problems	Y N
Cancer	Y N	Headaches	Y N	Liver Disease	Y N	Transplants	Y N
Chest Pain	Y N	Heart Attack	Y N	Lung Disease	Y N	Tuberculosis	Y N
Cold sores/Herpes	Y N	Hernias	Y N	Lupus	Y N		

<b>MEDICATIONS:</b> List Prescriptions & Any Over the Counter Medications. If you have a list, we can make a copy.		
Rx: _____	Dosage: _____	Reason: _____
Rx: _____	Dosage: _____	Reason: _____
Rx: _____	Dosage: _____	Reason: _____
Rx: _____	Dosage: _____	Reason: _____
Rx: _____	Dosage: _____	Reason: _____

<b>FEMALE CLIENTS</b>	<b>BIRTH CONTROL METHOD</b>
Pregnant Y N	Breastfeeding Y N
Hysterectomy Y N	Trying to Conceive in next 6 Months Y N

<b>SMOKING HISTORY</b>	Smoker Y N	Past Smoker Y N
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<b>EVER HAD:</b>			<b>DO YOU:</b>			<b>DO YOU:</b>		
Botox	Y	N	Have Metal Implants	Y	N	Have permanent makeup	Y	N
Fillers	Y	N	Have Artificial Joints	Y	N			
Facial or Plastic Surgery	Y	N	Have History of Keloid Scarring	Y	N	<b>EVER HAD:</b>		
Face Lift	Y	N	Wear Contact Lenses	Y	N	Sun exposure that changed the color of your skin	Y	N
CO2-Laser Resurfacing	Y	N	Drink Alcohol	Y	N			
Laser Hair Removal	Y	N	Use Recreational Drugs	Y	N	<b>DO YOU USE OR HAVE EVER USED:</b>		
Vaginal Rejuvenation	Y	N	Wear Sunscreen	Y	N	Accutane	Y	N
Coolsculpting	Y	N	Tan in a Tanning Salon	Y	N	Hydroquinone	Y	N
Chemical Peels	Y	N	Suffer from photosensitivity	Y	N	Retin-A like Refissa, Tretinoin, etc.	Y	N
Microdermabrasion	Y	N	Suffer with Pigmentation Issues	Y	N			

<b>ANY ISSUES WITH</b>				<b>INTERESTED IN</b>							
Acne Breakouts	Y	N	Microdermabrasion	Y	N	Injectables	Y	N	Facials / Dermaplaning	Y	N
Sensitive Skin	Y	N	Uneven Skin Tone	Y	N	Facial Veins	Y	N	Chemical Peels	Y	N
Oil Skin	Y	N	Melasma	Y	N	Sun Spots	Y	N	Frozen C	Y	N
Dry Skin	Y	N	Pigmentation	Y	N	Saggy Skin Solutions	Y	N	Hollywood Peel	Y	N
Broken Blood Vessels	Y	N	Dark Circles under eyes	Y	N	Spider Veins	Y	N	Massages	Y	N
Acne Scarring	Y	N	Facial Hair	Y	N	Vaginal Rejuvenation	Y	N	Vibrational Sound Therapy	Y	N
Sun Damage/Freckles	Y	N				Coolsculpting	Y	N	Cupping	Y	N
Chemical Peels	Y	N				Body Contouring	Y	N	Permanent Makeup	Y	N

**PRODUCTS:** List your skincare products:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Patient Consent Agreement:**

I affirm that I have stated all my known medical conditions and allergies and have answered all questions honestly. I agree to keep the provider updated as to any changes in my personal/medical profile and understand that there shall be no liability to Southern Cosmetic Laser should I fail to do so. Complications are rare, however, should any post complications arise necessitating care at a medical or emergency facility, clients are responsible for any and all charges incurred.

I understand all treatments at Southern Cosmetic Laser are considered cosmetic and are completely voluntary and not covered by insurance. Although positive results are expected, there is no guarantee or warranty, expressed or implied of outcome results or patient satisfaction that may be obtained for any service or treatment performed at Southern Cosmetic Laser. Although highly unlikely, it is possible that you may not experience any noticeable results from treatments. I understand there are no specific guarantees concerning expected treatment results. I understand that with any treatment certain risks, complications or side effects from known or unknown causes could occur. I freely assume these risks and acknowledge and agree to hold Southern Cosmetic Laser and its employees harmless against any and all expenses, liability and claims.

I understand that I am financially responsible for all charges in full at the time of treatment. Payments are due and payable on day of service. All sales are final and non-transferable. Any unused treatments, series or "banked" treatments MUST be used within 1 year of purchase. Services will expire 1 year from date of purchase. All prices reflect our cash discount. Cash discount works with cash or debit card using a pin number. Credit Card transactions incur a non-cash adjustment. There are no refunds on completed treatment or service sales. Services may be denied if consents and policies are not signed.

\_\_\_\_\_ I give SCL permission to contact me through emails, text, and phone regarding my appointments.

\_\_\_\_\_ I have received and signed a copy of SCL Policies explaining cancellation, no shows, refunds, payments, policies, etc.

Client Name (Please Print): \_\_\_\_\_

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

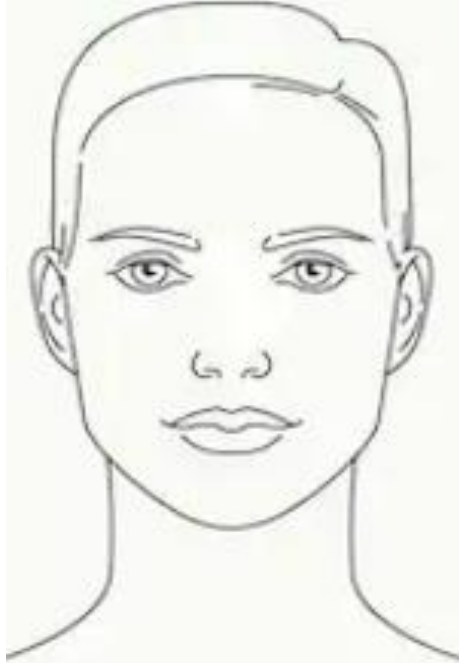
Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Visit Today: \_\_\_\_\_

**HEAD – FACE – NECK**

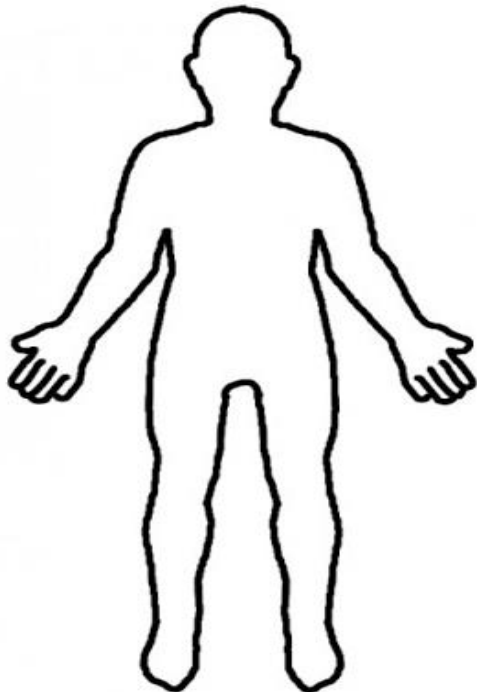
Circle or mark any areas of concern.



**Check All That Interests You**

- Brow Lines
- Crows Feet
- Fine Lines & Wrinkles
- Acne/ Acne Scarring
- Laugh Lines
- Lip Lines
- Lip Thinness
- Volume Loss
- Pore size
- Hair Loss
- Rosacea/Face Redness/ Face Vessels
- Dark Circles
- Eye Bags
- Under Chin Fat
- Sun Damage/Sun Spots
- Brown Spots/Darkness
- Excessive Hair
- Hair Loss
- Other: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**BODY** – Circle or mark any areas of concern



**Check All That Interests You**

- Body Fat
- Muscle Tone
- Loose Skin
- Stretch Marks
- Cellulite
- Frequent Sweating
- Spider Leg Veins
- Frequent Urination
- Dry Painful Intercourse
- Vaginal Laxity
- Laser Hair Removal
- Massage
- Other: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Southern Cosmetic Laser Policies

### **New Patient First Appointment:**

Please arrive 20 minutes before your appointment to fill out paperwork. You may download New Patient Form on our website and bring with you to your appointment. Please bring your list of medications and skincare products you are currently using. A before-picture will be taken at your first appointment as part of your client record.

**Appointments:** Please arrive 10 minutes prior to your appointment to check in. If you arrive late, your appointment may have to be rescheduled for another day or your service will be shortened, and you will be charged the full price of your scheduled service. If you are unable to keep an appointment, a 24-hour notice is required.

**Booking Reservation:** Consultations and appointments require a non-refundable booking reservation of \$50 which can be used towards a service. If at least a 24-hour cancellation notice is not received the booking reservation will be applied.

**Cancellations & No-Shows:** A No Show/Cancellation fee of \$75 will be charged when a client fails to notify less than 24 hours in advance or does not show up for your appointment. Arriving late may result in a reduced appointment time or rescheduling. By providing a credit card for your Booking Reservation, you are consenting to your card being charged for no-shows, cancellation fees, etc. We reserve the right to charge up to the full-service price for no shows or cancellations without a 24-hour notice.

**Payment:** SCL provides cosmetic services (fee for services); therefore, insurance is not accepted. All payments are due and payable on day of service. Some services may require a deposit in advance. All sales are final and non-transferable. Any unused treatments, series or "banked" treatments MUST be used within 1 year of purchase. Services will expire 1 year from date of purchase. All prices reflect our cash discount. Cash discount works with cash and debit card using a pin number. Credit Card transactions incur a non-cash adjustment.

**Prepaid Services:** All prepaid treatments must be used and/or in process according to treatment plan within one (1) year of purchase. Any unused treatments will expire, and no refunds will be issued. Failure to complete prepaid special package-priced treatments default any credits back to regular pricing.

**Complications and Results:** Complications are rare. However, should post complications arise necessitating care at a medical or emergency facility, clients are responsible for any and all charges incurred. Although positive results are expected, there is no guarantee or warranty, expressed or implied, of the results that may be obtained for any service, treatment or procedure performed at Southern Cosmetic Laser.

**Refund Policy:** All treatments, procedures, services and product sales are final. Once a procedure has been provided, there are no refunds. Therefore, before a service is performed, please consider all the required protocols and side effects. Cosmetic services are elective and there are no guarantees as to the outcome results or patient satisfaction. We are committed to client satisfaction and are available to answer any questions you may have before your purchase.

**Appointment for a Minor:** Minors (under the age of 18) must be accompanied by a parent or legal guardian during their first appointment. A special minor clause can be indicated by a parent or legal guardian for the minor to be seen unattended for any additional appointments.

Southern Cosmetic Laser reserves the right to refuse treatment and/or dismiss a client from any service at any time. It is at the full discretion of Southern Cosmetic Laser to determine whether a client is a candidate for any service provided. Upon request, a copy of these policies can be provided for you.

I have read, understand and agree to Southern Cosmetic Laser Policies set forth.

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Print Name

Client Signature

Date