



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 _____

ARE YOU ALLERGIC TO:	Lidocaine	Y N	Latex	Y N	Any Medications	Y N
List Any Medications or Allergies:						

MEDICAL HISTORY: 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						

MEDICATIONS: 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: _____

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

SMOKING HISTORY	Smoker Y N	Past Smoker Y N
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EVER HAD:			DO YOU:			DO YOU:		
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	EVER HAD:		
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	DO YOU USE OR HAVE EVER USED:		
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			

ANY ISSUES WITH				INTERESTED IN							
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. Any unused treatments, prepaid series or "banked" treatments must be used within one (1) year of purchase or be in process according to treatment plan within one (1) year of purchase. Unused treatments expire after one year. All sales are final, non-transferable. There are no refunds. Clients requesting credit for partially used prepaid package-price treatments, price defaults back to the individual regular service price. 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. 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 cancellations, no shows, payments, etc.

Client Name (Please Print): _____

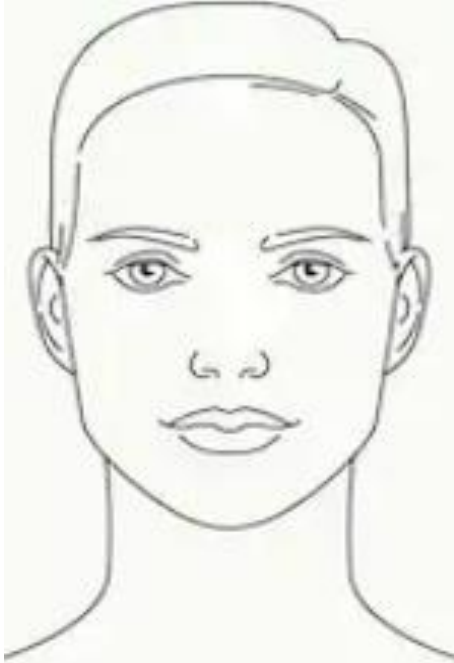
Signature: _____ Date: _____

Name: _____ Date: _____

Reason for Visit Today: _____

HEAD – FACE – NECK

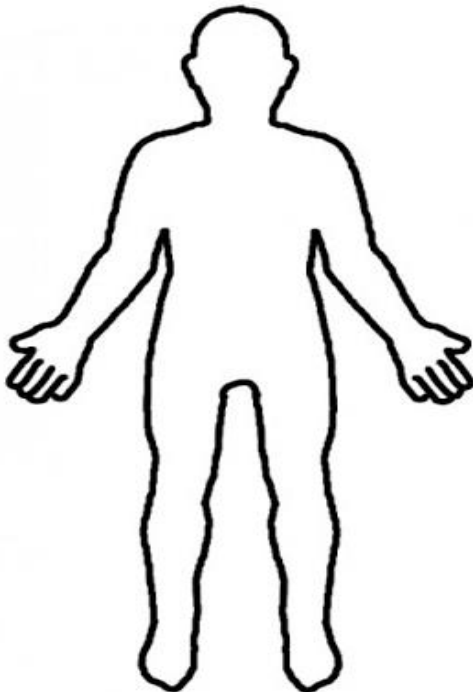
Circle or mark any areas of concern.



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 may be used towards a service. If a 24-hour cancellation notice is not received the booking reservation will be applied. Reservation fee credit must be used within 30 days after day of consult.

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.

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.

Services & Payments: 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, non-transferable. 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.

All treatments, series, prepaid or banked treatments must be used and/or in process according to treatment plan within one (1) year of purchase. Services expire one (1) year from date of purchase. Clients requesting credit for partially used prepaid package-price treatments, price defaults back to the individual regular service price. 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.

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.

Print Name

Client Signature

Date