



# 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	Trying to Conceive in next 6 Months Y N
Breastfeeding Y N	
Hysterectomy 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			
Vaginal Rejuvenation	Y	N	Wear Sunscreen	Y	N	<b>DO YOU USE OR HAVE EVER USED:</b>		
Coolsculpting	Y	N	Tan in a Tanning Salon	Y	N	Accutane	Y	N
Chemical Peels	Y	N	Suffer from photosensitivity	Y	N	Hydroquinone	Y	N
Microdermabrasion	Y	N	Suffer with Pigmentation Issues	Y	N	Retin-A like Refissa, Tretinoin, etc.	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. 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.

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

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

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

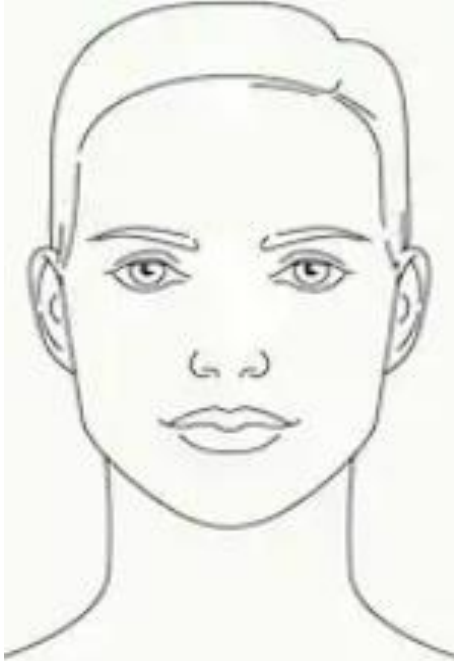
HIPAA & SCL Policies are provided upon request.

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

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

**HEAD – FACE – NECK**

Circle or mark any areas of concern.

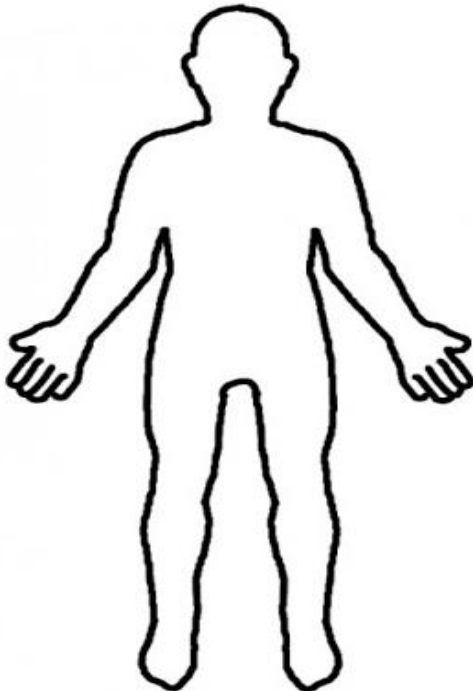


**Check All That Interests You**

- 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

**Appointments:** If this is your first appointment, please arrive 20 minutes before your appointment to fill out the paperwork. Or you may download New Patient Form on our website and bring it to your appointment. Please bring your list of medications and skincare products you are currently using. A before-photo will be taken at your first appointment as part of your client record. If you are unable to keep your appointment, a 24-hour notice is required. If you arrive late, your service may be shortened or your appointment may have to be rescheduled. You can be charged up to the full price of your scheduled service.

\_\_\_\_\_ **(Initial) Booking Reservations, Cancellations, No-Shows & Rescheduled Appointments:** Consultations and appointments require a **\$75** booking reservation fee. Cancellations or appointment rescheduling must be 24 hours prior to your appointment. In the event of a no show, failure to reschedule or failure to cancel an appointment without a 24-hour notice, a minimum of **\$75** will be charged to your credit card on file plus any applicable fees. **Treatments that require a longer booking time are subject to a higher no show/cancellation fee. Repetitive no shows or rescheduling accrue additional fees.** By providing a credit card, you are consenting to your card being charged. No refund or credit will be issued. We reserve the right to charge up to the full-service price for no shows, cancellations or rescheduled appointments. Arriving late may result in a reduced appointment time or your appointment may have to be rescheduled.

**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. 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 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.

**Banked Prepaid Service Series:** Most banked series expire one year from date of purchase. However, some exceptions may apply with shorter expiration dates such as VIP Facials, promotional series, etc. Clients requesting credit for partially used prepaid series package-price treatments, price defaults back to the individual regular service price.

**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.

We are a medical practice using laser equipment. Unfortunately, we are unable to accommodate children. Therefore, to ensure the safety of our patients and to provide you an optimal consult and treatment, we request that you do not bring your children to your appointment. If you bring children, you may be asked to reschedule your appointment.

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