MD BODY & MED SPA

HEALTH HISTORY

Name: _____ Date: _____

Cell #: _____ Home #: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____/_____/_____ Age: _____ Gender: F M

Occupation: _____

Emergency Contact Name: _____ Phone: _____

Relationship: Spouse Parent Friend Other_____

Please list all Medical Allergies _____

Please list all Skin Allergies _____

Yes No Are you sensitive to any of the following?

Detergents/Soaps Fabrics Lotions/Creams Perfumes

Medical History: Please indicate if you have experienced or are experiencing any of the following conditions:

Yes No Do you have any chronic medical conditions?

If yes, please list: _____

Yes No Are you currently in treatment for any medical conditions?

If yes, please list: _____

Yes No Are you currently under the care of a physician or dermatologist?

If yes, please state reason: _____

Yes No Do you use a sunscreen / sunblock?

Yes No Do you participate in outdoor activities?

If yes, when was your most recent sun exposure? _____

Yes No Do you have a history of skin cancer?

If yes, please state reason: _____

Yes No Have you had permanent cosmetics?

If yes, please indicate location(s): _____

Yes No Are you currently taking Accutane or have you been on it within the past year?

Yes No Have you ever had herpes?

If yes, please state treatment medications: _____

Yes No Are you currently taking medication(s)?

If yes, please list all medications: _____

_____

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Westminster, CO 80234
☎ 303.466.0100

Yes No Are you currently taking any vitamins (Vitamin E, St. John's Wort)?

If yes, please list all vitamins: _____

Yes No Are you pregnant, or planning to become pregnant?

Yes No Are you currently on hormone replacement therapy?

Yes No Have you had any of the following: (if yes, specify)

Botox Injections Chemical Peels Cosmetic Surgery

Dermal Fillers Gold Therapy Laser Resurfacing

Other (please specify) _____

Yes No Are you currently using any of the following: (if yes, specify)

Differin Hydroquinone Retin A

Renova Tazarotene Tretinoin

Yes No Are you currently using skin care products?

If yes, please list brand and type: _____

Which skin conditions do you want to improve?

Acne/Acne Scarring Age Spots Enlarged Pores Fine Lines & Wrinkles

Hyperpigmentation (Brown Spots) Sun Damage Surgical Facial Scars

Other _____

What else would you like to improve about your skin? _____

_____

Is there any particular treatment you like to discuss today? _____

_____

Acknowledgement: *I certify that the preceding medical and personal history statements are true and correct. I am aware that it is my responsibility to inform the technician of my current medical and health condition. A current medical history is essential for the caregiver to execute the appropriate treatment procedures.*

_____ _____

Patient Signature Date

_____ _____

Technician Signature Date

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MD
BODY & MED SPA

INFORMED CONSENT FOR BOTOX

Botox is the only FDA approved treatment for the temporary reduction of moderate to severe forehead lines and wrinkles, frown lines and crow's feet. It is accomplished by injection small amounts of Botox solution in the area of the wrinkles. Botox works by temporarily relaxing the facial muscles that are responsible for producing the wrinkling of the facial skin, thus producing the appearance of smoother, flatter skin. The effects of Botox can last 60-180 days and vary individually and you will need additional Botox treatments to maintain desired results.

You cannot have Botox injected if you: have any type of facial paralysis such as Bell's Palsy, Guillain-Barre Syndrome and Myashenia Gravis, are pregnant or breastfeeding, or have any kind of autoimmune condition such as Multiple Sclerosis, Lupus, HIV or AIDS.

Bruising can occur after being injected with Botox and ingesting aspirin, non-steroidal anti-inflammatory medications or any blood anti coagulants within 3 days before this procedure can increase your chances of bruising. Ptosis, or eyelid droop, can occur and typically is avoidable and is a temporary reaction. You may experience small red bumps at the injection sites and these resolve in 5-60 minutes typically. There has not been a reported allergic reaction to Botox.

The amount of Botox needed to reach desired results can vary individually and additional Botox may be necessary if optimal effect is not reached in 14 days at the regular charge of $10.00/unit. It is highly recommended that you come in for a 2-4 week follow up appointment to ensure you are happy with your results. Botox treatment is adjustable and most unwanted reaction/results can be fixed by injecting additional Botox. ADJUSTMENTS TO YOUR BOTOX TREATMENT WILL NOT BE MADE BEFORE THE 14th DAY.

Acknowledgement: *I certify that I have provided a complete and accurate medical history, have been informed about the procedure, all my questions have been answered and have access to the Allergan provided information on Botox. I hereby assume all risks, hazards and costs of care or expense associated with or which may arise from such treatment, hereby releasing the personnel and consultants and any sponsoring health care facility or institution and its affiliate and all of their agents and employees from any liability from said treatment.*

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BODY & MED SPA

POST TREATMENT INSTRUCTIONS & EXPECTATIONS FOR BOTOX

Your Botox has been specifically placed according to your correction needs. DO NOT MANIPLULATE THE TREATED AREA for four hours following treatment. Do NOT receive facial/laser treatments or microdermabrasion after Botox injections for at least 10 days. Ask your provider if you are not sure about the time frame of certain services.

Swelling and redness are quite common. Feel free to ask for ice to put on the treated area immediately after treatment.

Smiling and frowning right after Botox treatments helps the Botox find its way to the muscle into which it was injected after treated.

Do NOT lie down for four hours after your Botox treatment.

Do NOT perform activities involving straining, heavy lifting, or vigorous exercise for 4-6 hours after treatment.

It can take approximately four to seven days for results to be seen. If the desired result is not seen after one week of your treatment, you may need additional Botox. You are charged for product used. Therefore, you will be charged for product used during any touch ups or subsequent appointments.

The most common side effects include, but are not limited to: temporary injection site redness, pain/tenderness, firmness, swelling, lumps/bumps, bruising, itching, infection and discoloration. Makeup can be applied immediately after injection.

Bruising is common after Botox injections. To reduce bruising and shorten bruising time apply Arnica frequently daily, use ice to reduce swelling and, in turn, shorten bruising time.

UNLESS YOU ARE EXPERIENCING AN ABNORMAL ADVERSE REACTION, ASSESMENT AND/OR ADJUSTMENT TO THE INJECTION SITE WILL NOT BE CONSIDERED PRIOR TO DAY 7 FROM THE INJECTION DATE INCLUDING ADDITIONAL FILLER BEING INJECTED. FOLLOW UP QUESTIONS/CONCERNS WILL BE ADDRESSED AT THE ONE WEEK FOLLOW UP APPOINTMENT.

_____ _____

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_____ _____

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MD BODY & MED SPA

Cancellation/Rescheduling & Payment Policy

Payment: Payment in full is required on or before day of initial treatment. The following payment options are available:

Cash or Check: You may pay for your treatment with Cash, Check or Cashier's Check. All returned checks will be assessed a return check charge of $30.00 each time a check is returned, regardless of the reason.

Credit Cards: We accept Visa, MasterCard, American Express and Discover.

GreenSky: Medical finance program approved for our practice.

Punctuality: Please arrive 15 minutes early so you can be well-prepped and enjoy an unhurried transition into your treatment.

Arriving Late: Arriving late will interfere with your treatment, therefore, making the treatment time needed insufficient. Your treatment will end at your scheduled time not to interfere with the next appointment.

No show: We strongly encourage you to communicate with us. If you fail to arrive for your scheduled treatment time without having notified us, you will be subject to lose your deposit or future appointments. A no show will also disengage or void any agreements you may have with our office.

Cancellation: We take pride in the appropriate reservation of your procedural date and scheduled time. Our priority is to schedule procedures that can be attended to with the utmost of care. Our office scheduling policy is very time sensitive due to constraints of the procedure. Therefore, please understand the importance of respecting our one week cancellation/reschedule policy.

Our one week cancellation/reschedule policy is very strict. If you fail to reschedule your appointment one week prior to initial appointment, cancel or do not show, you are subject to lose your future appointments and or deposit / unused money.

Cancellaton 8 or more days prior to your scheduled appointment date: will result in 5% loss of all fess to cover Credit Card charges.

Cancellation 4-7 days prior to your scheduled appointment date: will result in a 25% loss of all fees.

Cancellation on the day of, or less than 72 hours prior to your scheduled appointment date will result in a 50% loss of all fees.

No refunds after initial treatment.

_____
Patient Name

_____ _____
Patient Signature Date

_____ _____
Witness Date

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Privacy Notice and Authorization

As you are no doubt aware, major changes in Federal privacy requirements – the HIPAA privacy regulations obligate most physician practices to provide notice about privacy rights and detailed policies designed to protect your privacy. These requirements were put into place because increased patient information is being shared in digital format over computer networks.

MD Body & Med Spa is committed to protecting patient confidentiality. You should understand the following with regard how we treat your personal health information.

1) When you register as a new patient, you will be asked to sign an authorization, also provided below, that includes a release of information that allows us to request and obtain records from practitioners that you have seen for the purpose of assisting us in your treatment. If you desire records to be sent to a health provider you have not yet seen, a family member, an attorney, or other party outside of this list, you must first sign a release of information before we can forward your information. You may be subject to fees.

2) We cannot release information to family members, other than parents or legal guardians, even if they are involved in your care, without your written permission.

3) In order to assure quality of care, MD Body & Med Spa records are occasionally reviewed both internally and by outside consultants in legal, clinical, and other concerns that affect the quality of services we provide. Only necessary information is accessed, and any such review is by a professional staff working under the condition of confidentiality.

4) If you wish to limit the nature of information that is released, or the parties noted above to whom information may be provided, please ask to meet with a MD Body & Med Spa privacy coordinator to discuss limitations. In some instances, MD Body & Med Spa may not be in a legal position to honor requested limitations.

5) We may be required by law, in some cases, to make disclosure of your record that you have not authorized. Examples are subpoenas in criminal or civil litigation, or requests/surveys by licensure agencies of the US Department of Health and Human Services.

6) Because MD Body & Med Spa is subject to HIPAA, MD Body & Med Spa practices long established and useful business practices, such as providing you with appointment reminders, notifying you of lab results, or using sign-up sheets, but we will take steps to do so in a fashion that takes your privacy expectations into account. Please inform staff of any limitations you would like us to honor in this regard.

7) MD Body & Med Spa reserves the right to charge for copying and forwarding your health records.

8) While the records of the care we provide are MD Body & Med Spa property, we will make them available for your inspection and provide copies at a reasonable fee. If you have any concerns about your health records, please ask to speak with a MD Body & Med Spa Medical Staff member.

9) I have been offered the patient right to review the Complete HIPAA compliance document and understand that MD Body & Med Spa will comply to protect my privacy.

Please acknowledge review of this notice and authorization of this release of medical information by signing below.

_____ _____

Patient Signature Date

_____ _____

Witness Date

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