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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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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BODY & MED SPA

INFOMRED CONSENT FOR JUVÉDERM™ ULTRA, ULTRA PLUS, VOLBELLA, VOLLURE & VOLUMA

JUVÉDERM™ injectable gel is injected into areas of facial tissue where moderate to severe facial wrinkles, folds and volume loss occur. It temporarily adds volume to the skin and subcutaneous tissue, may give the appearance of a smoother skin surface and may help smooth moderate to severe facial wrinkles, folds and volume loss. Correction is temporary; therefore, touch-up injections as well as repeat injections are usually needed to maintain optimal correction. The amount of JUVÉDERM™ needed to achieve desired results will vary. The results can last 9 months to 3 years or longer depending on what area, how much product and the individuals' metabolism rate. JUVÉDERM™ has been known to dissipate at faster rates and this cannot be controlled by the provider. By signing this consent you understand that the amount of product and the dissipation rate can vary and results are not guaranteed. JUVÉDERM™ injectable gel can dissipate, travel or dislodge from the treatment area on its own. The nature and purpose of the treatment have been explained to me.

SIDE EFFECTS AND COMPLICATIONS: Most side effects are mild or moderate in nature, and their duration is short lasting (7 days or less). The most common side effects include, but are not limited to, temporary injection-site reactions such as redness, pain/tenderness, firmness, swelling, lumps/bumps, bruising, itching, infection and discoloration.

JUVÉDERM™ injectable gel should not be used if you have severe allergies marked by a history of anaphylaxis or history, the presence of multiple severe allergies, a history of allergies to Gram-positive bacterial proteins, or if you are pregnant or breastfeeding. To help avoid unsatisfactory results and complications, please inform us prior to treatment if you are using substances that can prolong bleeding such as aspirin or ibuprofen (this may cause increased bruising or bleeding at the injection site), on immunosuppressive therapy used to decrease the body's immune response (as there may be an increased risk of infection), pregnant or breastfeeding, have history of excessive scarring (e.g., hypertrophic scarring and keloid formations), cold sores, fever blisters or HSV, and/or pigmentation disorders.

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 the* JUVÉDERM™ *Collection of Fillers. 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, its affiliates and all of their agents and employees from any liability from said treatment. I acknowledge that there is a firm no refund policy on* JUVÉDERM™ *services, results may vary and are not guaranteed.*

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BODY & MED SPA

AFTERCARE INSTRUCTIONS & EXPECTATIONS FOR DERMAL FILLERS

Your dermal filler has been specifically placed according to your correction needs. DO NOT TOUCH OR MASSAGE AREA OF INJECTIONS. It is common and normal for your injection areas to look and feel uneven. At your two week follow up appointment, we will determine if more filler product is needed to achieve desired results. Injection areas can "take" to filler differently and A symmetrically and cannot be controlled by the injector.

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. In the first 48 hours after injection, you should avoid strenuous exercise, extensive sun or heat exposure. Makeup can be applied immediately after injection.

Bruising is common after dermal filler therapy. To reduce bruising and shorten bruising time apply Arnica cream frequently daily, use ice to reduce swelling and in turn shorten bruising time. DO NOT MASSAGE AREA OF INJECTIONS.

Swelling and redness are quite common. Feel free to apply ice 20 min on 20 min off for four days post procedure. Swelling will go down a little each day on its' own and all underlying swelling should be gone by day 14-30 depending on area of injection. IT IS COMMON FOR AREAS TO SWELL AND DESWELL UNEVENLY. DO NOT TOUCH, MASSAGE OR OTHERWISE MANIPULATE THE INJECTION SITE.

Lumps and Bumps: It is quite common to feel and or see bumpy or lumpy tissue directly on and around injection site for up to 60 days. DO NOT MASSAGE AREA OF INJECTIONS. Most likely these bumps and lumps are surrounding tissue swelling and they will soften and go down gradually and some of these bumps can be purposely left in order to achieve desired fill results. Filler can migrate away from desired injection area and cannot be controlled by the injector. DO NOT MASSAGE INJECTION AREA TO MINIMIZE POSSIBLE FILLER MIGRATIONS. It is important to attend your 2-3 week follow up appointment to discuss post procedure results and expectations.

UNLESS YOU ARE EXPERIENCING AN ABNORMAL ADVERSE REACTION, ASSESMENT AND/OR ADJUSTMENT TO THE INJECTION SITE WILL NOT BE CONSIDERED PRIOR TO DAY 14 FROM THE INJECTION DATE INCLUDING ADDITIONAL FILLER BEING INJECTED. FOLLOW UP QUESTIONS/CONCERNS WILL BE ADDRESSED AT THE TWO-THREE WEEK FOLLOW UP APPOINTMENT.

_____ _____

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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.

_____ _____

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_____ _____

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