



# 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: \_\_\_\_\_

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



# INFORMED CONSENT FOR KYBELLA

KYBELLA™ (deoxycholic acid) injection is indicated for improvement in the appearance of moderate to severe convexity or fullness associated with submental fat, also called "double chin," in adults. KYBELLA™ is injected into the fat under the chin and can be given at least 1 month apart. There is no guarantee as to how many treatments are needed to achieve desired results, results may vary and are not guaranteed. Not all submental fullness may respond to Kybella.

**RISKS OF KYBELLA™ INJECTIONS:** Every injection of a drug involves a certain amount of risk. Below are risks reported during clinical studies that are specific to the injection of KYBELLA™: KYBELLA™ injections commonly cause swelling, bruising, pain, numbness, redness, areas of hardness in the treatment area, tingling, nodule, itching, skin tightness, and headache. These side effects typically resolve without treatment and do not commonly result in patients discontinuing treatment. Other less common potential side effects include nerve injury: KYBELLA™ injections could cause nerve injury in the area of the jaw resulting in an uneven smile or facial muscle weakness. In the clinical trials these all resolved without treatment in an average of 6 weeks. Swallowing: KYBELLA™ injections can temporarily cause trouble with swallowing. Skin Ulceration: KYBELLA™ injections could cause superficial skin erosions. Alopecia: KYBELLA™ injections could cause small patches of alopecia in the treatment area. Unsatisfactory results: There is a possibility of an unsatisfactory result from injections of KYBELLA™. The procedure may result in unacceptable visible deformities or asymmetry in the treatment area. By signing this consent, you have informed your provider with all medical conditions, medications and OTC supplements, including: have had or plan to have surgery on the face, neck, or chin • have had cosmetic treatments on the face, neck, or chin • have had or have medical conditions in or near the neck area • have had or have trouble swallowing • have bleeding problems or are taking blood thinners • are pregnant or plan to become pregnant (it is not known if KYBELLA™ will harm an unborn baby) • are breastfeeding or plan to breastfeed (it is not known if KYBELLA™ passes into your breast milk, all prescribed and over-the-counter medicines, vitamins, and herbal supplements. KYBELLA cannot be injected with infection at the injection sites.

**Acknowledgement:** *The nature and purpose of the treatment have been explained to me. I certify that I have read and understand this agreement in its entirety. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I my provider and all staff from liability associated with the procedure and I assume all risk and responsibility of the Kybella treatment and the aftercare including medical treatment for adverse reactions. I am at least 18 years of age. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns.*

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Technician Signature

\_\_\_\_\_  
Date

## My next appointment:

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



## AFTER TREATMENT

### What to expect

#### Swelling

- For most people, swelling is likely
- In clinical studies, most reported cases of swelling were mild or moderate and lasted a median of 11 days (range 1-218 days)
- Common treatment-area side effects, including swelling, generally became less severe and happened less often with each following treatment session in clinical studies
- Consider any upcoming social plans and work commitments following your treatment

EXAMPLES OF SWELLING AFTER FIRST TREATMENT



Individual patient experiences. Swelling reactions may vary. 87% of adults receiving KYBELLA<sup>®</sup> treatment in the clinical trials experienced swelling as a side effect.

#### Possible serious side effects

KYBELLA<sup>®</sup> can cause serious side effects, including

- Nerve injury in the jaw (which can cause an uneven smile or facial muscle weakness)
- Trouble swallowing
- Injection-site problems including bruising, hair loss, open sores (ulcers), and damage and tissue cell-death (necrosis) around the injection site. Call your healthcare provider if you develop open sores or drainage from the treatment area

#### Other most common side effects

- Besides swelling, other common side effects include pain, numbness, redness, and areas of hardness in the treatment area

**Discuss any questions or concerns about managing side effects with your healthcare provider.**

#### What is KYBELLA<sup>®</sup>?

KYBELLA<sup>®</sup> is a prescription medicine used in adults to improve the appearance and profile of moderate to severe fat below the chin (submental fat), also called "double chin."

It is not known if KYBELLA<sup>®</sup> is safe and effective for the treatment of fat outside of the submental area or in children under 18 years of age.

#### Important Safety Information

##### Who should not receive KYBELLA<sup>®</sup>?

Do not receive KYBELLA<sup>®</sup> if you have an infection in the treatment area.

##### Before receiving KYBELLA<sup>®</sup>, tell your healthcare provider about all of your medical conditions, including if you:

Have had or plan to have surgery on your face, neck, or chin; have had cosmetic treatments on your face, neck, or chin; have had or have medical conditions in or near the neck area; have had or have trouble swallowing; have bleeding problems; are pregnant or plan to become pregnant (it is not known if KYBELLA<sup>®</sup> will harm your unborn baby); are breastfeeding or plan to breastfeed (it is not known if KYBELLA<sup>®</sup> passes into your breast milk).

**Tell your healthcare provider about all the medicines you take**, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Especially tell your healthcare provider if you take a medicine that prevents the clotting of your blood (antiplatelet or anticoagulant medicine).

**Please see additional Important Safety Information on reverse side.**



## 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.

Cancellation 8 or more days prior to your scheduled appointment date: will result in 5% loss of all fees 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

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## 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