



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



BODY & MED SPA

MICRONEEDLING PRE & POST TREATMENT INSTRUCTIONS

Prior to treatment:

- No Retin-A Products or applications one (1) week prior to your treatment.
- No auto-immune therapies or products one (1) week prior to your treatment.
- No prolonged sun exposure to the face seven (7) days prior to your treatment. A Micro-needling treatment will NOT be administered on sunburned skin.
- On the day of the treatment, please keep your face clean and do not apply makeup.
- If an active or extreme breakout occurs before treatment, please consult your practitioner.
- If you have Herpes or a history of getting cold sores please let us know.
You will have to get a prescription from your Doctor. You will need to take an Anti-Viral medication before your treatment such as Valtrex, Acyclovir, or Zovirax. If you have had cold sores before and L-Lysine is effective, you can purchase L-Lysine at the drug store. Take 2,000mg the day before your treatment, the day of your treatment and for 2 days following your treatment.

What can be expected?

Immediately after your treatment you will look as though you have a moderate to severe sunburn. Your skin may feel warm and tighter than usual. This is normal and will subside within 2-6 hours and will normally recover within the same day or 24 hours. You may see slight redness after 24 hours.

Post-treatment Instructions:

- Clean: Use a mild cleanser (or warm water) to wash your face and pat with a washcloth for the first 48 hours (2 days) following treatment. Gently pat your skin dry and make sure your hands are always clean when touching your face.
- A post procedure skin healing ointment should be used for 5-7 days after treatment to help soothe, calm, heal and protect the skin.
- Do NOT apply makeup for 72 hours (3 days) after treatment.
- On day 5 after your procedure, you can go back to your normal skincare routine.
- Always apply a broad spectrum UVA/UVB sunblock of SPF 30 or greater. A chemical free sunscreen is recommended.

To ensure the proper healing:

- For at least seven (7) days post treatment, do NOT use any Alpha Hydroxy Acids, Beta Hydroxy Acids, Retinol or any exfoliating scrubs/cleansers.
- Avoid direct sunlight for 10-14 days.
- Do NOT go swimming, work out, take a hot shower, or spend time in the sauna for up to 48 hours (2 days) after your treatment.
- Sweating and gym environments are known to have bacteria and may cause adverse reactions.

Acknowledgement: *I have read the above pre and post care instructions for the Microneedling treatment. I fully understand the instructions and what to expect.*

Patient Signature

Date

Witness

Date



Description of Procedure

Microneedling treatment allows for controlled induction of the skin's self-repair mechanism by creating micro-injuries in the skin which triggers new collagen synthesis, yet does not pose the risk of permanent scarring. The result is smoother, firmer and younger-looking skin. Microneedling procedures are performed in a safe and precise manner with the use of a sterile needle head. The procedure is normally completed within 30 to 60 minutes, depending on the required treatment and anatomical site.

Side Effects

After the procedure, the skin will be red and flushed in appearance, similar to a moderate sunburn. You may also experience skin tightness and mild sensitivity to touch on the area being treated. This will diminish greatly after a few hours following treatments, and within the next 24 hours the skin will be complete healed. After three (3) days, there will be barely any evidence that the procedure has taken place.

Treatment with the following is contraindicated with the following conditions:

- Keloid scars
- Eczema, psoriasis or other chronic conditions
- Actinic keratosis, diabetes, raised moles or warts on targeted area
- Hemophilia, irregular blood pressure, tuberculosis, or liver function issues
- Excessive steroid use in treatment area
- Scleroderma
- Collagen vascular disease
- Cardiac abnormalities, pacemaker, blood clotting problems, or blood thinning medication
- Active bacterial or fungal infection
- Immunosuppression
- Cancer or suspicious lesions or moles in treatment area
- Pregnancy or nursing women

Precautions and Warning:

Microneedling treatment has not been evaluated in the following patient populations; as such, precautions should be taken when determining whether to treat: scars and stretch marks less than one year old; patients with history of herpes simplex infections; diabetics; patients with wound-healing deficiencies; patients on immunosuppressive therapy.

I certify that I have been fully informed by the staff at MD Body & Med Spa of the nature and purpose of the procedure, expected outcome and possible complications. I understand that no guarantee can be given as to the final result of pain. I am fully aware that my condition is of cosmetic concern and that the decision to proceed with treatment is based solely on my expressed wish to do so.

I confirm that I have informed the staff regarding any current or past medical condition, disease or medications taken. If I am a women, I am not pregnant at this time.

I have read and understand the Microneedling Informed Consent. I have been given the opportunity to ask questions and hereby certify that I have read and fully understand the contents of this consent form before signing below.

Patient Name

Patient Signature

Date

Witness

Date



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