Medical History Form

Date: _____

Name: _____ Date of birth: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Cell Carrier: _____ Email: _____

Do you now have, or have you ever been diagnosed with any of the following conditions:

Respiratory:	YES	NO
Asthma----------	☐	☐
Emphysema----------	☐	☐
Chronic cough----------	☐	☐

Neurology:		
Depression----------	☐	☐
Seizures----------	☐	☐

Gynecology: (Females only)

Currently pregnant---------- ☐ ☐

If yes, due date: _____

	YES	NO
Eyes:		
Itching or burning----------	☐	☐
Endocrine:		
Diabetes----------	☐	☐
Immune system/infection:		
Viral Hepatitis----------	☐	☐
HIV/AIDS----------	☐	☐

Skin:

Are you prone to cold sores? ☐ YES ☐ NO ☐ NOT SURE

Are you currently using topical retinoids such as Retin A, Tretinoin, Tazorac, or over the counter retinols?

If yes, please list products _____

Are you currently using any topical hydroquinone?

If yes, please list products_____

Have you ever had a bad reaction to local anesthesia? ☐ YES ☐ NO ☐ NOT SURE

Have you ever used Accutane? (**this is a prescription medication for acne)** _____

If yes, how long were you on Accutane? _____

List any medication allergies: _____

Current medications:_____

_____

_____

What are your main skin concerns at this time? _____

_____

Would you consider your skin: ☐ Sensitive ☐ Resilient ☐ Unsure

Social History:

Do you sunbathe or use tanning beds? _____ If yes, how often? _____

Do you drink alcohol? _____ If yes, ___drinks per week. Do you smoke? _____If yes, ___ packs per day.

Occupation: _____ Hobbies: _____

If referred by a friend, please tell us who: _____

I, _____ fully understand that any procedure rendered at Solé Med Spa is a cosmetic procedure and not a medical necessity. I also understand it will not be billed to my insurance and must be paid in full at the end of each visit by cash, check (under $300), credit card (excluding American Express), or Care Credit. Solé Med spa reserves the right to not accept checks over $300.

Please review our LATE & NO SHOW policy:

Please plan to arrive on time to fully enjoy the time we have reserved for you. Please allow 5 minutes for parking. If you arrive 10 minutes or more after your appointment time, you will be considered a "work-in" if there are other later appointments available. Timely arrival is appreciated.

If you are unable to make your appointment time, a **24 hour notice** is required.

_____(initial) Solé Med Spa charges a $50 no show fee Monday through Friday for no shows, late cancellations and arriving too late to receive scheduled treatment.

_____ (initial) Solé Med Spa charges a $100 fee for all injection appointment no shows and late cancellations and arriving too late to receive scheduled treatment

Solé Med Spa reserves the right to void packages and gift certificates subject to no shows, late cancellations and late arrival for appointment. Thank you for understanding!

Please review our PACKAGE PURCHASE policy:

All services in a package purchase expire one year from purchase date. Arriving too late or no showing for a service may result in a deduction from package.

When purchasing a series, expiration dates vary. Please ask the front desk if you have any questions.

I have read the above guidelines for package purchases and Solé Med Spa's financial policy. I understand that packages expire one year from purchase and I understand the financial policy.

Patient signature _____ Date _____