



Medical History Form

Name: _____ Date : _____ Date of birth: _____

Telephone Number: _____ Address: _____

City: _____ Zip: _____ Email: _____

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

Respiratory:	YES	NO		YES	NO
Asthma-----	<input type="checkbox"/>	<input type="checkbox"/>	Eyes:		
Emphysema-----	<input type="checkbox"/>	<input type="checkbox"/>	Itching or burning-----	<input type="checkbox"/>	<input type="checkbox"/>
Chronic cough-----	<input type="checkbox"/>	<input type="checkbox"/>	Endocrine:		
			Diabetes-----	<input type="checkbox"/>	<input type="checkbox"/>

Neurology:			Immune system/infection:		
Depression-----	<input type="checkbox"/>	<input type="checkbox"/>	Viral Hepatitis-----	<input type="checkbox"/>	<input type="checkbox"/>
Seizures-----	<input type="checkbox"/>	<input type="checkbox"/>	HIV/AIDS-----	<input type="checkbox"/>	<input type="checkbox"/>
Gynecology: (Females only)					

Currently Pregnant-----
If yes, due date: _____

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 _____

Social History:
Do you sunbathe or use tanning beds? And if so, how often? _____
Do you drink alcohol? _____ If yes, _____ drinks per day Do you smoke? _____ If yes, _____ packs per day
What is your occupation? _____ Hobbies? _____

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: _____

If referred from a friend, please tell us who _____

Solé Med Spa Financial Policy Form

I, _____ fully understand that any procedure rendered at Solè 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. Solè Med spa reserves the right to not accept checks over \$300.

Please review our late and 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 ten 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 to avoid any late or no show fees. Solè Med Spa charges a \$50 no show fee Monday through Friday for no shows, late cancellations and arriving too late to receive treatment scheduled. Solè Med Spa charges a \$100 fee for all injection appointment no shows and late cancellations. Solè 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.

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

Patient signature _____

Date _____