

## PATIENT INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Apt/Ste \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work # \_\_\_\_\_

Occupation \_\_\_\_\_

Email \_\_\_\_\_

*\*We never sell or send spam, needed for Appointment Reminders, Birthday Gift, and Client Referral Credits*

Receive TEXT MESSAGES?  Yes  No

*\*You may receive texts related to appointments.*

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Children \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone# \_\_\_\_\_

Who may we thank for referring you? \_\_\_\_\_

Treatment desired & Reason? \_\_\_\_\_

\*Credit Card # to Reserve Future Appointments \_\_\_\_\_

Expiration \_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_ **\*Required to be seen today and to book any future appointments\***

### CANCELLATIONS

Your scheduled appointment is reserved exclusively for you. Should you need to cancel or reschedule your appointment, we ask that you give us **advance notice** by calling our office before 5pm the day before your appointment. We reserve the right to charge **\$150** for appointments cancelled or missed/rescheduled **without advance notice**.

Client \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_  
Witness \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

### CONSENT AND AGREEMENT

I certify that the above statements are true and correct, and that I, having been fully advised by Blush Aesthetics and Skincare concerning the nature of the treatment process proposed to be administered by them, hereby authorize and direct them to administer such procedures as may be deemed necessary or advisable. My signature below constitutes my acknowledgement that (1) I have read, understand and fully agree to the foregoing consent; (2) the proposed treatment process has been satisfactorily explained to me and I have all the information which I desire; and (3) I hereby give my consent and authorization and release this establishment and its agents of any claims that I have in the future in connection with the described treatment.

Client \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_  
Witness \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

### CONSENT TO PHOTOGRAPH

The undersigned hereby authorized Blush Aesthetics and Skincare to photograph and agrees that the negatives, print, or digital images prepared therefrom may be used for the purposes checked:  Medical Record  Education and/or Demonstration  
 Other specified: \_\_\_\_\_

I have read and understand this agreement.

Client \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_

## PATIENT INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Do you have any medical conditions? \_\_\_\_\_

Do you have any allergies? (please list) \_\_\_\_\_

Are you pregnant? \_\_\_\_\_ If so, How many months? \_\_\_\_\_

MEDICATION	DOSAGE	REASON
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Are you currently taking any medications? \_\_\_\_\_

Do you currently have any heart conditions? \_\_\_\_\_

### Please check all that apply to you:

- Pacemaker
  - Pregnancy
  - Cancer                      If yes, please explain: \_\_\_\_\_
  - Hepatitis                      If yes, please explain: \_\_\_\_\_
  - HIV
  - Depression
  - Anxiety Disorder              If yes, please explain: \_\_\_\_\_
  - Tumors
  - Epilepsy
  - Heart Conditions              If yes, please explain: \_\_\_\_\_
  - Inflammation/Infection      If yes, please explain: \_\_\_\_\_
  - Autoimmune Disorder      If yes, please explain: \_\_\_\_\_
  - Lupus
  - Herpes Simplex Virus and/or Fever Blisters
  - Varicose Veins
  - Allergy to rubber/metal
  - Lack of normal skin sensation
  - Skin Diseases                  If yes, please explain: \_\_\_\_\_
  - Thrombosis/Phlebitis
  - Metal Implants/Screws      If yes, please explain: \_\_\_\_\_
  - Prosthesis/Silicone          If yes, please explain: \_\_\_\_\_
  - Acne
- Any other medical condition not listed? \_\_\_\_\_

### COSMETIC HISTORY:

Have you had any cosmetic procedures in the area you are seeking treatment? If yes, please explain: \_\_\_\_\_

Have you ever had any complications as a result of any cosmetic procedure(s)? If yes, please explain: \_\_\_\_\_

Have you recently had any Botox or soft tissue fillers (i.e. Restylane, Juvaderm, Voluma, etc) in the area you are seeking treatment? If so, please explain: \_\_\_\_\_

Do you take or use Accutane?  Retin-A?  Glycolic Acid?

What skin care products do you currently use? \_\_\_\_\_

When did you last use these? \_\_\_\_\_