Patient Medical History

Name: _____Date: _____ DOB_____/_____/_____

Address_____City_____State_____Zip_____

Phone: (Home) _____ (Work) _____Ext._____ (Cell) _____

Preferred Method of Contact (Please Circle): Home/Work/ Cell Occupation: _____Male Or Female (Circle)

Email Address: _____ Would you like to receive coupons for services: YES/NO

Emergency Contact: Name_____ Phone #_____ Relationship_____

Pharmacy name and location: _____ Phone: _____

What Medications are you currently taking? _____

Any known drug or food Allergies: _____

Current Products Using: _____

Do you use Glycolic products, exfoliating products, or Retin-A? (Yes/No) If yes, please list products:

_____Last used: _____

HOW DID YOU HEAR ABOUT US? Please list their name so we may send them a $10 referral coupon!!

Client / Employee Name: _____

Facebook _____ Instagram _____ Twitter _____ Yelp _____ Google _____

Mail_____ Internet_____ Word-of-Mouth_____ Walk-In_____ Other _____

PLEASE CIRCLE YES OR NO

Are you pregnant?	YES	NO
Are you taking any herbal preparations? (St. John's Wort)	YES	NO
Have you been on Accutane in the last 6 months?	YES	NO
Do you wear contact lenses?	YES	NO
Do you have dental fillings? Or metal pins?	YES	NO
History of skin cancer or atypical moles?	YES	NO
Any tattoos or permanent cosmetics?	YES	NO
Facial implants? Explain: _____	YES	NO

PLEASE ANSWER THE FOLLOWING TO THE BEST OF YOUR ABILITY

When exposed to the sun **without protection** for about 1 hour:

I. Always burns, never tans _____
II. Always burns, sometimes tans _____
II.I. Sometimes burns, sometimes tans _____
IV.. Always tans _____
V. Hispanic, Asian, Mediterranean, Middle Eastern, Native American _____
VI. African American _____

What is your ethnic ancestry? _____

When were you last exposed to the sun or tanning booth? _____Do you use tanning lotions? YES NO

Have you ever had skin resurfacing or photo rejuvenation? YES NO

Reason for visit? _____

What are your goals for your skin? _____

Please see the next page.

Please mark if you have a history of or are currently suffering from any of the following. Explain briefly.

Skin

_____ Athlete's Foot:_____
_____ Sin/Toenail Fungus: _____
_____ Hyperpigmentation: _____
_____ Rashes: _____
_____ Warts: _____
_____ Boils/Abscesses: _____
_____ Eczema: _____
_____ Cuts/Open Wounds/Bruises: _____
_____ Keloid Scarring: _____

Digestive

_____ Constipation: _____
_____ Bloating: _____
_____ Diverticulitis: _____
_____ IBS: _____
_____ Other: _____

Nervous System

_____ Seizures: _____
_____ Pinched Nerves: _____
_____ Herpes/Shingles: _____
_____ Numbness/Tingling: _____
_____ Sciatica: _____
_____ Multiple Sclerosis: _____
_____ Other: _____

Musculo-Skeletal

_____ Disc Injuries/Spinal: _____
_____ Bone/Joint Disease: _____
_____ Tendonitis: _____
_____ Bursitis: _____
_____ Breaks/Fractures/Dislocations: _____
_____ Scoliosis: _____
_____ Osteo-Arthritis: _____
_____ Sprains/Strains: _____
_____ Pain: _____
_____ Head Injuries: _____
_____ Spasms/Cramps: _____
_____ Jaw Pain/TMJ: _____
_____ Fibromyalgia: _____
_____ Other:

Circulatory

_____ Cardiovascular Disease: _____
_____ Hypotension: _____
_____ Hypertension: _____
_____ Ongoing Fever: _____
_____ Varicose Veins/Clots/Phlebitis: _____
_____ Lymph Edema: _____
_____ Hemophilia: _____
_____ Stroke: _____
_____ Pacemaker: _____
_____ Swelling/Stiffness: _____
_____ Other: _____

Other

_____ Cancer/Tumors: _____
_____ Diabetes: _____
_____ Depression: _____
_____ Drug/Alcohol Addiction: _____
_____ Nicotine/Caffeine Addiction:_____
_____ Breast Implants:_____
_____ Facial Implants:_____
_____ Acute Trauma:_____
_____ Sleep Disorder: _____
_____ Auto Immune Disorder:_____
_____ Infectious Conditions: _____
_____ Sinus Problems: _____
_____ Asthma:_____
_____ Thyroid Dysfunction: _____
_____ Hepatitis A, B, C: _____
_____ Cold Sores: _____
_____ HIV: _____
_____ Birth Control: _____
_____ Other: _____

Fitzpatrick Skin-Type

Name: _____ Date: _____

Skin type is often categorized according to the Fitzpatrick skin type scale which ranges from very fair (skin type I) to very dark (skin type VI). The two main factors that influence skin type and the treatment program devised by your doctor are: Genetic disposition, and reaction to sun exposure and tanning habits.

By using the information you provide on this form, we can be better prepared to provide you with the best care. Please take a few minutes to fill out this questionnaire. Circle which one applies to you.

Genetic Disposition

Score	0	1	2	3	4
Eye color?	Light blue, Gray, Green	Blue, Gray or Green	Blue	Dark Brown	Brownish Black
Natural hair color?	Sandy, Red	Blond	Chestnut/Dark Blond	Dark Brown	Black
Color of your non-exposed skin?	Reddish	Very Pale	Pale with Beige tint	Light Brown	Dark Brown
Do you have freckles on unexposed areas?	Many	Several	Few	Incidental	none

Total score for Genetic Disposition: _____

Reaction to Sun Exposure

Score	0	1	2	3	4
What happens when you stay in the sun too long?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns sometimes followed by peeling	Rare burns	Never had burns
To what degree do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easy	Turn dark brown quickly
Do you turn brown within several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always
How does your face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem

Total score for Reaction to Sun Exposure: _____

Tanning Habits

Score	0	1	2	3	4
When did you last expose your body to sun, a tanning booth or cream?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than a month ago	Less than 2 weeks ago
Did you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always

Total score for Tanning Habits: _____

Total score for Genetic Disposition, Sun Exposure, and Tanning Habits: _____

Fitzpatrick Skin Type (Circle)

Skin Type Score	Fitzpatrick Skin Type
0-7	I
8-16	II
17-25	III
25-30	IV
over 30	V-VI

I understand that massage therapy and spa treatments are given for the purpose of stress reduction, skin purification, reduction of muscle tension and pain, and to increase circulation and energy flow. Estheticians, Cosmetologists, Physician Assistants, and Registered Nurses do not diagnose. I have stated all physical or mental condition, and nothing said during the course of treatment should be construed as a diagnosis or treatment. I have stated all known conditions and take full responsibility to inform the medical and spa therapists of any new information regarding my physical condition.

The spa reserves the right to recommend that I reschedule a treatment or even refuse service at the technician's discretion if you have certain conditions, including intoxication that are contraindicated for skin and body services. Emerge Medical & Well Spa reserves the right to change the price of services at any time. EMERGE MEDICAL & WELL SPA employees have access to my client files for the purpose of assessing, recommending, and performing the most effective and proper services for myself.

I attest the above statements to be true, my treatment provider and Emerge Medical & Well Spa staff relies on the information I provided for safe and effective treatment.

Signature: _____Date: _____

Signature of Guardian: _____Date: _____

Emerge Medical & Well Spa
Dr. Ladd Atkins, D.O.

Appointment Cancellation Policy

Your time is valuable as is ours, and we continually strive to serve you better. Each service is scheduled for an allotted amount of time to ensure the best possible treatment.

We require a 24 hour notice of cancellation for all spa appointments. If you do not call ahead of time to cancel a scheduled spa appointment, you will be charged a $50 cancellation fee. Missed medical appointments will also be charged a $50 fee and we must obtain this payment prior to scheduling another service at Emerge. We also reserve the right to extend the notification requirement to 72 hours during holidays. These days include: from Christmas Eve until New Year's Eve, the week prior to Valentine's Day, Mothers Day, the Fourth of July and Thanksgiving. This office will make every attempt to confirm all appointments the day before.

We realize that late arrivals and cancellations sometimes cannot be helped. Please note if you arrive for your appointment 15 minutes beyond the scheduled start time we are required to reschedule your appointment. Cancellation fees will apply.

Returned Check Policy

It is Emerge policy on returned checks to charge a fee of $45 plus the amount of the check. This fee must be paid in cash or credit card within 7 days. If we do not receive the payment in our office within 7 business days the check will be sent to Tulsa County District Attorney.

Refund Policy

All returns must be made within **15** days of the original purchase date along with the *original receipt* to receive a Spa Credit. This credit will be applied to your account to use towards a future purchase. We will **not** give "cash back" or refund your Credit Card for any returns. Service items are not eligible for return.

HIPAA

I acknowledge that I have been offered information concerning the Health Insurance Portability and Accountability Act of 1996, or HIPAA.

I authorize the release of my full medical record from Dawn Aesthetics Med Spa, to Emerge Medical & Well Spa for continued treatment. _____ Initial

Signature:_____ Date:_____
Print Name:_____