

Last Name: _____ First Name: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Date of Birth: _____

Telephone Home: _____ Work: _____ Cell: _____

Occupation: _____ Employer: _____ Marital Status: _____

Which of your numbers may we leave a detailed message at? Please circle: work, home, cell, none

Email (to receive monthly specials/newsletter/promotions): _____

Emergency Contact: _____ Phone: _____ Relation: _____

Whom may we thank for this referral? _____

Please answer all of the following questions:

1. Do you have ANY current or chronic medical illness? Yes No

Please list: _____

2. Do you take ANY medications, vitamins, supplements, topical treatments? Yes No

Please list: _____

3. Do you have ANY allergies to medications, foods, latex, or other substances? Yes No

Please list: _____

4. Do you have a history of cold sores/ herpes I or II in the area being treated? Yes No

5. Do you have a history of keloid scarring? Yes No

6. Have you had unprotected sun exposure, used tanning creams or beds in the last 4-6 weeks? Yes No

7. Do you have permanent make up or tattoos? Yes No, If yes list location: _____

For women 8 & 9: 8. Are you or could you be pregnant? Yes No

9. Are your menstrual periods regular? Yes No

10. Circle Your Skin type:

- | | | | | | |
|-----|-------------|-------------------------------------|----|----------------|-------------------------------------|
| I | White | Always burns, never tans, | II | White | Usually burns, tans with difficulty |
| III | White/Asian | Sometimes burns, average tans | IV | Moderate Brown | Rarely burns, tans with ease |
| V | Dark Brown | Very rarely burns, tans very easily | VI | Black | Never burns |

11. Please list any prior cosmetic procedures you've had: _____

Please check any treatments that you are interested in learning more about?

- | | | |
|---------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Hair Restoration/Surgery | <input type="checkbox"/> Medical Weight Loss | <input type="checkbox"/> Fillers and Botox |
| <input type="checkbox"/> Improving Acne | <input type="checkbox"/> Reducing wrinkles | <input type="checkbox"/> Reducing Brown Spots |
| <input type="checkbox"/> Improving skin textures | <input type="checkbox"/> Non surgical lip, cheek, ear, hand augmentation | |
| <input type="checkbox"/> Reducing Spider Veins | <input type="checkbox"/> Vitamin Injections | <input type="checkbox"/> Removing Skin tags/moles/warts |
| <input type="checkbox"/> G Shot for Women | <input type="checkbox"/> Reducing Cellulite | <input type="checkbox"/> Medical Grade Chemical Peels |
| <input type="checkbox"/> Hand, Neck, Chest Rejuvenation | <input type="checkbox"/> 5-min non-surgical nose-job | |

I understand that my insurance does not cover cosmetic procedures and that payment is due in full today.

I consent to the taking of photographs and authorize their anonymous use for the purpose of medical audit, education and promotion.

Signature: _____ Date: _____

CONTINUED..... Patient Agreement of Financial Responsibility and Cancellation Policy

Ava Med Spa

760-931-7864

Patient Agreement of Financial Responsibility:

My physician has notified me that my health insurance carrier may not cover provided treatments. I agree to be personally and fully responsible for payment of these services which are due at the time of service.

Cancellation Policy:

This office has a strict cancellation policy to protect your needs for an appointment. You will be charged a **\$ 75.00** fee for failing to show up within 15 minutes of scheduled appointment time or cancelling with less than 72 business hour which is 3 business days (Our business hours are M-F 9am to 5pm).

This fee is to encourage our patients to take their appointments as seriously as we do. When you make an appointment with us, we reserve that time especially for you and don't double book slots as we know your time is valuable. This also allows us to keep our prices at a reasonable level and accommodate you as soon as possible if you need a same day or earlier appointment.

We wouldn't want anyone to hold an appointment time that should be available for you. You will receive a reminder card for your appointment. As a courtesy to you, we will place a reminder call for you 3 business days prior to your appointment however, this is not a requirement to enforce this policy. We ask that you respect our cancellation policy, as well as provide below a valid credit card for your file.

We remain available to discuss this policy in general or individual circumstances. We thank you for your understanding.

Credit Card # _____ Exp _____

Print Name

Signature

Date