PATIENT INFORMATION

Name ______________________ **Date** ______________

Address ______________________ **Apt/Ste** ________

City ______________ **State** __________ **Zip** __________

Home# ______________ **Cell#** ______________ **Work #** ______________

Occupation ______________________________

Email ______________________**Receive email?** ☐ **Yes** ☐ **No**
**MUST opt-in to receive Appointment Reminders, Birthday Gift, and Client Referral Credits*

Receive TEXT MESSAGES? ☐ **Yes** ☐ **No**
**You will receive Appointment Reminders, and we ask that you reply to confirm receipt.*

Date of Birth ______________ **Marital Status** ______________ **Children** ______________

Emergency Contact ______________________ **Phone#** ______________

Who may we thank for referring you? ______________________________

Treatment desired & Reason? ______________________________

CANCELLATIONS
Your scheduled appointment is reserved exclusively for you. Should you need to cancel or reschedule your appointment, please notify us 24 hours in advance if at all possible. We reserve the right to charge $75 for appointments cancelled or broken without 24 hours advance notice.

Client Signature ______________________ Date __________
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 Signature ______________________ Date __________
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 Signature ______________________ Date __________

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*

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
___ 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? ____