



PATIENT INFORMATION

Name: _____ Date of Birth: _____ Age: _____

Address: _____
Street City State Zip Code

Home: _____ Work: _____ Cell: _____

Email address: _____ Occupation: _____

Emergency Contact: _____ Phone: _____

Do you own a Clarisonic Brush? Y N

Are you interested in longer, thicker and darker eyelashes? Y N

Are you interested in lightening dark spots on your face? Y N

What skin care products do you use? _____

Allergies: _____

Facial Surgeries: _____

Do you have a history of?

- Heart Disease Mental Disease Neuro-muscular Disease
Excessive Bleeding Auto-immune Disorders Diabetes
High Blood Pressure Liver Disease Cold Sores/Fever Blisters

Other _____

Are you pregnant? Y N Are you nursing? Y N

Do you smoke? Y N Do you drink alcohol? Y N Amount _____

The above information is true and accurate to the best of my knowledge.

Patient Signature

Date

Esthetic Assessment

Name: _____

Date: _____

What skincare products are you currently using?

What are the top three concerns that you want treated?

1. _____

2. _____

3. _____

What additional services would you like to address or learn about? Please check all that apply.

<input type="checkbox"/> Skin treatments	<input type="checkbox"/> Facial veins	<input type="checkbox"/> Neck wrinkles
<input type="checkbox"/> Skin care products	<input type="checkbox"/> Facial redness	<input type="checkbox"/> Microneedling
<input type="checkbox"/> Botox	<input type="checkbox"/> Brown spots/age spots/freckles	<input type="checkbox"/> Unwanted Hair
<input type="checkbox"/> Fillers	<input type="checkbox"/> Drooping brow	<input type="checkbox"/> Length/Fullness of Eyelashes
<input type="checkbox"/> Loss of cheek volume	<input type="checkbox"/> Drooping eyelids	<input type="checkbox"/> Loose skin neck
<input type="checkbox"/> Facial fine lines/wrinkles	<input type="checkbox"/> Facial sagging	<input type="checkbox"/> Loose skin face
<input type="checkbox"/> Thin lips	<input type="checkbox"/> Pigmentation hands	<input type="checkbox"/> Dermaplaning
<input type="checkbox"/> Blotchy skin	<input type="checkbox"/> Pigmentation chest	<input type="checkbox"/> Oxygen Infusion Therapy
<input type="checkbox"/> Chemical peels	<input type="checkbox"/> Sunscreen advice	<input type="checkbox"/> Microdermabrasion
<input type="checkbox"/> Make up	<input type="checkbox"/> Clarisonic Brush	<input type="checkbox"/> Vaginal Rejuvenation
<input type="checkbox"/> Laser treatments	<input type="checkbox"/> Antiaging Supplements	<input type="checkbox"/> HCG Diet Program
<input type="checkbox"/> Bioidentical Hormones	<input type="checkbox"/> Unwanted fat	<input type="checkbox"/> Slim Shots
<input type="checkbox"/> CoolSculpting	<input type="checkbox"/> Double chin	<input type="checkbox"/> Weight loss
<input type="checkbox"/> Detox Program	<input type="checkbox"/> Lash & Brow tinting	<input type="checkbox"/> Botox parties
<input type="checkbox"/> Low libido	<input type="checkbox"/> Leaky bladder	<input type="checkbox"/> Nonsurgical Facelift

Referred By: _____



Our Referral Program

Dr. Sessler's success would not be possible without YOU. He values the trust that you place in him. As a way to show our appreciation, the person that referred you will receive a \$25 gift card to use towards any product or service at Spa Medicca.

What is your name? _____

Who referred you? _____



Photography & Media Consent

Photographs taken at Spa Medicca are used to document and track progress of treatments.

I am consenting to having “Before” and “After” photographs for treatments received at Spa Medicca for purposes of treatment documentation.

My photos _____ **May** or _____ **May Not** be used for **pre and post treatment albums** used for patient education.

My photos _____ **May** or _____ **May Not** be used for **general educational purposes** including but not limited to medical journal publications, textbooks, lectures, workshops, etc. or for **advertising and promotional purposes**, including but not limited to publication, website, brochures, cosmetic seminars, etc. I grant permission to Spa Medicca and its agents and employees the irrevocable and unrestricted right to reproduce the photographs, audio, and/or video images taken of me for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium such as Facebook, Instagram, YouTube, Spa Medicca’s website, print media, etc. if marked in this section.

I hereby release Spa Medicca and its legal representatives for all claims and liability relating to said images or video. Furthermore, I grant permission to use my statements that were given during an interview or guest lecture for the purposes of advertising and publicity without restriction. I waive my right to any compensation or royalties.

Under no circumstances will any use of my photographs contain my name unless voluntarily disclosed by me.

Signature of Client

Printed Name

Date



Deposits, No Shows, & Refund Policy

No Show Policy & Cancellations

Our patients are the most important part of our practice. Appointments are reserved just for you and this time is also a potential appointment for someone else who may have wanted that particular time.

As a courtesy to our providers and to other patients, we ask that you provide our office with a **minimum of 24-hour notice should you need to cancel or reschedule your appointment.** If an appointment is canceled or rescheduled within 24 hours of the appointment time, or a no-show, you will be assessed a \$50 cancellation fee to your account.

To help you avoid cancellation or no-show charges, we will send you email and text reminders. Please do not rely solely on our software to provide these reminders. If you do not receive our emails or texts, please make sure we have your correct email & cell phone details and that you have opted in to receive these messages. By booking any appointment, you automatically agree to this policy.

If you arrive at your appointment more than 15 minutes past the originally scheduled time, we may require you to reschedule to avoid impacting other client appointments.

Frequent No Shows or Cancellations

If you cancel your appointment within 24 hours or no show 3 times you will be required to put a \$50 deposit on all future appointments. The deposit can be used for any service or product. It is not refundable. You will lose the deposit if you cancel or reschedule within 24 hours of your appointment or no show.

Refunds

Refunds are not given on services rendered due to the nature of medical aesthetic treatments. Aesthetic results are variable from person to person and while we do our best to achieve the desired outcome it cannot always be guaranteed. Clients are responsible for further treatments needed to achieve further results.

Products

We do not offer refunds on products purchased. Products may be returned for in-spa credit within 30 days from the date of purchase when there is a documented adverse reaction to the product. Make sure you inspect your products upon purchase because defective products (i.e., a broken pump) may be exchanged within 7 days for the same product only.

Printed name _____

Signature _____ Date _____

Name:

Age:

Date:

/ /

Please indicate any areas of concern for you.

Check all that apply.



Forehead lines



Frown lines



Crow's feet lines



Thinning or inadequate lashes



Undereye area



Flattened cheeks/sunken cheeks



Lines and wrinkles around the nose and mouth



Thin lips



Lip appearance and texture



Double chin



Small chin/weak chin profile



Skin texture and appearance

Please complete questionnaire on back side.

Aesthetic specialist: Use the next page to create the patient's treatment recommendations.

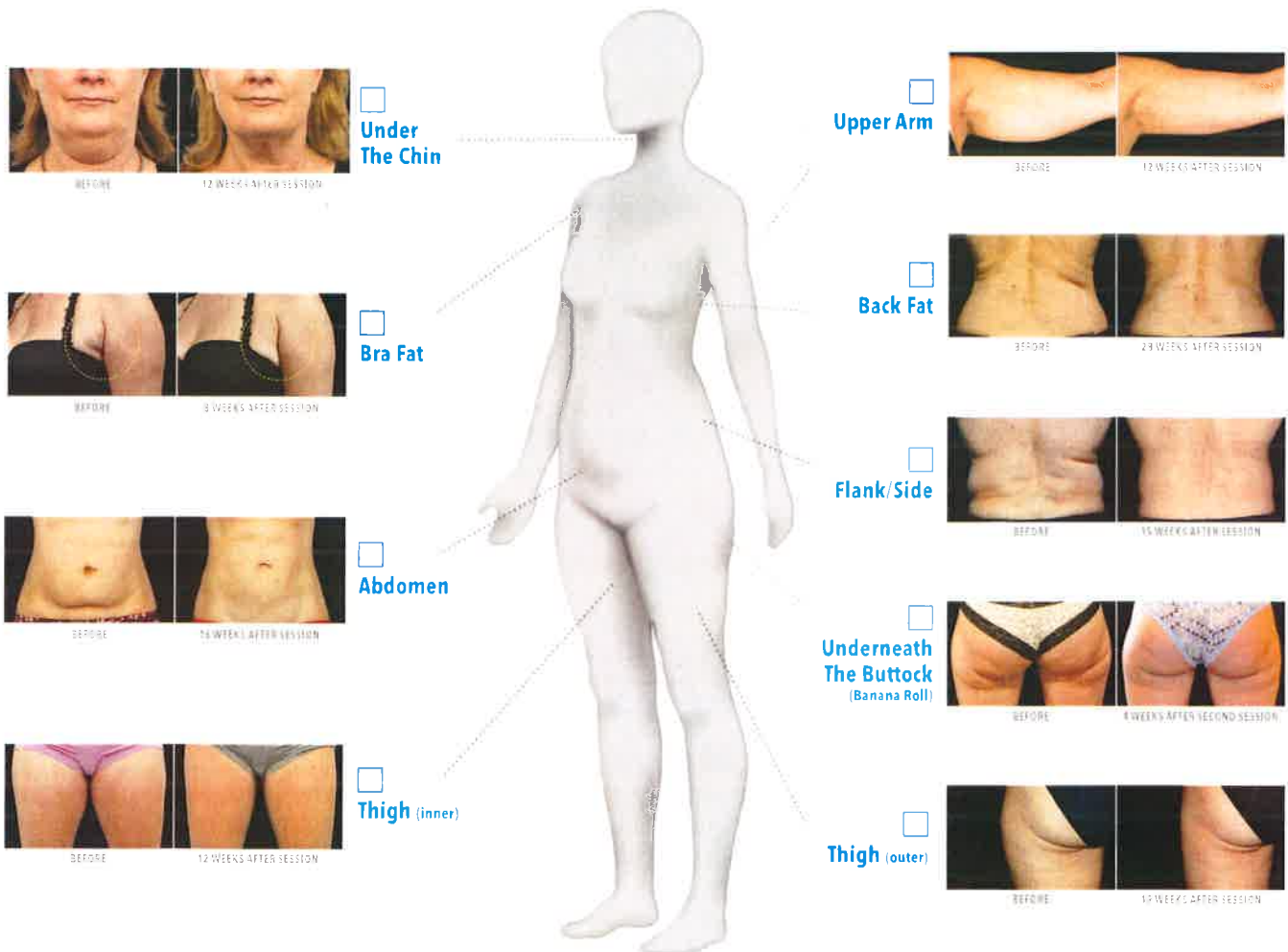
OUR OFFICE IS PROUD TO OFFER COOLSCULPTING!

Discover how to freeze away fat with the world's #1 non-invasive fat reduction procedure¹:

- » Transformational results without needles, surgery, or downtime
- » Millions of treatments performed worldwide
- » FDA-cleared, safe and effective

COOLSCULPTING CAN TARGET STUBBORN FAT IN THE AREAS THAT BOTHER YOU THE MOST.

Indicate below which problem areas would you be interested in transforming: *(check all that apply)*



Under The Chin

Bra Fat

Abdomen

Thigh (inner)

Upper Arm

Back Fat

Flank/Side

Underneath The Buttock (Banana Roll)

Thigh (outer)

1. CoolSculpting is the most widely used non-invasive fat reduction procedure in the United States. Results and patient experience may vary. ©2019 All rights reserved. CoolSculpting is a registered trademark of Allergan Aesthetics, Inc. All other trademarks are the property of their respective owners. CoolSculpting is not a medical device. CoolSculpting is not intended to diagnose, treat, cure, or prevent any disease. CoolSculpting is not a substitute for a healthy diet and exercise. CoolSculpting is not a weight loss solution. CoolSculpting is not a medical procedure. CoolSculpting is not a cosmetic procedure. CoolSculpting is not a surgical procedure. CoolSculpting is not a medical device. CoolSculpting is not intended to diagnose, treat, cure, or prevent any disease. CoolSculpting is not a substitute for a healthy diet and exercise. CoolSculpting is not a weight loss solution. CoolSculpting is not a medical procedure. CoolSculpting is not a cosmetic procedure. CoolSculpting is not a surgical procedure.