



949-650-SCMS [www.southcoastmedspa.com](http://www.southcoastmedspa.com)

### Medical History

In order to provide you with the most appropriate skin care treatment, we would appreciate your time in completing the following questionnaire. All information is strictly confidential.

#### PERSONAL HISTORY

Client Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Occupation \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone(\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_

Emergency Contact Name and Phone \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

Which of the following best describes your skin type? (please circle one skin type number)

- I Always burns, never tans
- II Always burns, sometimes tans
- III Sometimes burns, always tans
- IV Rarely burns, always tans
- V Brown, moderately pigmented skin
- VI Black Skin

#### MEDICAL HISTORY

Are you currently under the care of a physician?  Yes  No

Are you currently under the care of a dermatologist?  Yes  No

Do you have a history of livido reticularis, an autoimmune disease, in which the blood vessels are constricted, or narrowed resulting in mottled discoloration on large areas of the leg or arms? Yes

Do you have a history of erythema ab igne, which is a persistent skin rash produced by prolonged or repeated exposure moderately intense heat or infrared irradiation? Yes

Do you have any of the following medical conditions? (Please check all that apply)

- cancer  diabetes  high blood pressure  herpes  arthritis  frequent cold sores  
 HIV/AIDS  keloid scarring  skin disease/skin lesions  seizure disorder  hepatitis  
 hormone imbalance  thyroid imbalance  blood clotting abnormalities  
 any active infection

Do you have any other health problems or medical conditions? Please list: \_\_\_\_\_

What Oral modifications are you presently taking?  ACCUTANE  birth control pill  
 hormones  others (please list): \_\_\_\_\_

Have you ever used Accutane?  Yes  No. If yes, when did you last use it? \_\_\_\_\_

What topical modifications or creams are you currently using?  RetinaA  
 Others (please list) \_\_\_\_\_

Have you ever had laser hair removal?  Yes  No

Have you ever used any of the following hair removal methods in the past six weeks?  shaving  
 waxing  electrolysis  plucking  tweezing  stringing  depilatories

Have you had any recent tanning or sun exposure that changed the color of your skin?  
 Yes  No

Have you recently used any self tanning lotions or treatments?  Yes  No

Do you form thick or raised scars from cuts or burns?  Yes  No

Do you have hyperpigmentation (darkening of the skin) or hypopigmentation (lightening of the skin) or marks after physical trauma?  Yes  No, if yes please describe \_\_\_\_\_

For our Female clients: Are you pregnant or trying to become pregnant?  Yes  No

Are you using contraception?  Yes  No

Are you breastfeeding?  Yes  No

### Allergies

Have you ever had an allergic reaction to any of the following? (please check all that apply and describe the reaction you experienced.)  food  latex  cosmetics  aspirin  lidocaine  
 hydrocortisone  hydroquinone or skin bleaching agents  sulfa medications  others

I certify that the preceding medical, personal and skin history statements are true and correct. I am aware that it is my responsibility to inform the technician, esthetician, therapist, physician assistant, physician, or nurse of my current medical or health conditions and to update this history as a current medical history is essential for the caregiver to execute appropriate treatment procedures.

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

## FITZPATRICK SKIN TYPE CLASSIFICATION

### GENETIC DISPOSITION

Score	0	1	2	3	4
What are the color of your eyes?	Light blue, Gray, or Green	Blue, Gray, or Green	Blue	Dark Brown	Brownish Black
What is the natural color of your hair?	Sandy Red	Blond	Chestnut/Dark Blond	Dark Brown	Black
What is the color of your skin (non exposed areas)?	Reddish	Very Pale	Pale with a beige tint	Light Brown	Dark Brown
Do you have freckles on unexposed areas?	Many	Several	Few	Incidental	None

**Total 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 easily	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 for Reaction to Sun Exposure:** \_\_\_\_\_

### TANNING HABITS

Score	0	1	2	3	4
When did you last expose your body to sun (or artificial sunlamp/tanning 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 for Tanning Habits:** \_\_\_\_\_

**Add up the total scores for each of the 3 sections for your Skin Type Score**

Skin Type Score	Fitzpatrick Skin Type
<b>0-7</b>	<b>I</b>
<b>8-16</b>	<b>II</b>
<b>17-25</b>	<b>III</b>
<b>25-30</b>	<b>IV</b>
<b>Over 30</b>	<b>V-VI</b>



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**Client Sign in Sheet**

First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ zip: \_\_\_\_\_

Birthday: \_\_\_\_\_

*How were you referred to us?*

- Friend (please tell us who) \_\_\_\_\_
- Internet (which search engine) \_\_\_\_\_
- Magazine/Publication (which one) \_\_\_\_\_
- Drive by
- Other (please explain) \_\_\_\_\_

What is the #1 reason for choosing South Coast MedSpa? \_\_\_\_\_

*Please indicate what procedure you are having performed today.*

- Laser Hair Removal (Permanent Reduction of Unwanted Hair)
- Active FX (Tighten, Tone, and Texture... "Face Lift with a Laser???)
- Skin Care

*What procedures are you most interested in for your next visit?*

- Laser Hair Removal
- Active FX
- Skin Care





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### Active FX/Skin Resurfacing Terms And Conditions

In an effort to ensure the best treatment available for Laser Skin Resurfacing the following terms and conditions apply to the Skin Care Package Purchased at South Coast Medspa.

1. If an individual who initially signs up refers a friend who signs up for any Laser package, they will be eligible for a free Microdermabrasion treatment.
2. Each individual patient is responsible for the purchase of the skincare products associated with Laser Skin Resurfacing for the price of \$150.00. In addition each individual will buy the analgesic cream at the time of each treatment for the price of \$25 per container.
3. THE FEE FOR THE PROCEDURE IS NON-REFUNDABLE AND NON-TRANSFERABLE.
4. In the event that the individual patient misses or cancels a scheduled appointment in less than 48 hours, a credit card on file will automatically be charged a \$100.00 cancellation fee. No exceptions. \_\_\_\_\_ (initials)
5. All additional areas for Laser Skin Resurfacing will be for additional costs.
6. Full treatment must be completed within 6 months of this agreement.

Print Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_



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## PAYMENT AUTHORIZATION

I authorize South Coast Medspa to provide the treatment of

\_\_\_\_\_

On the date \_\_\_\_\_ for the amount of

\_\_\_\_\_ at the time of the visit.

All Sales are final and non-transferable.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Financially Responsible Party

\_\_\_\_\_  
Financially Responsible Party Signature