

EMAIL (FOR MONTHLY EMAIL, CONFIRMATIONS & PRE/POST INFO)		CELL PHONE (FOR CONFIRMATIONS)	
NAME		BIRTHDATE	GENDER
STREET ADDRESS		CITY, STATE, ZIP	



What treatment interest brings you here today? Please circle all that apply.

Laser Treatments / Injectables / Body Sculpting / Aesthetic Treatments / Skincare

Other _____

How did you hear about Rejuvenations Laser Center & Medical Spa?

TV Commercial / Billboard / Social Media / Website / Google Search / Other _____

Friend's Name _____

(Any friend referrals are given a \$25 credit)

Any Allergies? Eggs / Soy / Nuts / Sulfa / Drug (pls name)

Other _____

Please list all medications you take regularly (include hormones, vitamins etc...)

YES/NO Do you wear contacts? YES/NO Do you take aspirin or Coumadin regularly?

YES/NO Are you a smoker? YES/NO Have you had any prior facial cosmetic surgeries?

Within the last six months, have you taken or used the following? Please Circle.

Retin-A Tazarac Accutane Diuretics Antibiotics Laxatives Alpha Hydroxy Acids Diuretics

Please circle any health conditions you have had in the past or are currently experiencing.

Cold Sores Hemophilia Currently Pregnant Asthma Epilepsy Nursing Heart Issue

Diabetes Dermatomyositis Thyroid Disease Hysterectomy Hepatitis Cancer

Hypoglycemia Phlebitis High/Low Blood Pressure Pacemaker Hormonal Disorders

Please note that Rejuvenations Medical Spa does not accept personal checks.

I am fully aware that my condition is of a cosmetic concern. I understand that no guarantee can be given as to the result obtained. It is virtually impossible to predict results and therefore payments made for services are for treatments to be performed, not for a specific result. With some treatments, a "flare up" or worsening of the condition may occur before the skin begins to look better. The infection is escaping from below the surface of the skin now that the follicles are cleared.

SIGNATURE _____ **DATE** _____