ESSENTIAL BEAUTY
MEDICAL SPA & LASER CENTER

REGISTRATION FORM

Name (First, Middle, Last): _____ Date: _____

Birthdate: _____ Age: _____ Sex: ☐ Male ☐ Female

Phone Number: _____ Email Address: _____

Street Address: _____

City/State: _____ Zip Code: _____

Emergency Contact: Name: _____ Relationship: _____ Number: _____

YOUR HEALTH

1) Have you been under the care of a physician, dermatologist or other medical professional within the past year?

☐ No ☐ Yes Explain: _____

2) Any recent surgery, including plastic surgery? ☐ No ☐ Yes Explain: _____

3) Any skin cancer? ☐ No ☐ Yes Explain: _____

4) Have you had any of these health conditions in the past or present? (Please check all that apply and provide additional information in the space provided)

Cancer	Herpes	Epilepsy	Heart problem
High blood pressure	HIV/AIDS	Headaches (chronic)	Asthma
Hysterectomy	Hormone imbalance	Frequent cold sores	Seizure disorder
Varicose veins	Spinal injury	Lupus	Hepatitis
Eczema	Diabetes	Systemic disease	Immune disorders
Fever blisters	Arthritis	Thyroid condition	Keloid scarring
Skin disease/lesions	Any active infection	Other/Allergies: _____	

8) Do you smoke? ☐ No ☐ Yes How often? _____

9) List **any** medications you take regularly: _____

10) Do you use Accutane, Retin-A, Renova, Adapalene Hydroxyl Acid, Deferin, Glycolic Acid, AHA, Salicylic Acid or Retinol/vitamin A derivative products?

Describe: _____

11) Have you used an acne medication? ☐ No ☐ Yes When? _____ Which Drug? _____

12) List your daily consumption of: Water _____ Caffeine _____ Alcohol _____

PRACTICE POLICY

A word from EB Medical Spa:

Welcome to our practice! We are pleased to have you're here. Our practice's mission is to provide you with exceptional care in a warm and friendly atmosphere.

These following practice policies have been created to ensure an efficient and professional practice.

Would you like a copy of this form? ☐ Yes, please ☐ No, thank you

I, _____ , wish to receive services from Essential Beauty Medical Spa.

APPOINTMENTS, NO-SHOWS, CANCELLATIONS, AND RESCHEDULES

You may receive a courtesy email to remind you of your appointments, but regardless of this call, showing up for your appointment is your responsibility. Appointments that turn into no-shows, late cancellations, or later schedules incur considerable costs to the practice. Thus, the practice requires a **48 hour notice** in order to avoid a fee of no-shows, late cancellations, and late reschedules.

This fee is **$30 for appointments with EB Medical Spa and Laser Center**.

PAYMENT OPTIONS

The practice accepts cash, Visa, MasterCard, and Discovery Card. Sorry, checks are NOT ACCEPTED. There is a $25 declined payment fee for any credit card payment that is declined. In case of a denied payment, full payment and denied payment fee must be paid in ten days to avoid dismissal from the practice and further action.

COSMETIC SERVICES

Full payment is required at the time of service. There are **no guarantees** as to the result of any services rendered and this practice has a no refund policy after services are rendered.

PRODUCTS

Full payment is required at the time of product purchase. There are **no guarantees** as to the result of products prescribed. There is no refund for product purchase. However, products are exchangeable within 7 days of purchase.

PRIVACY POLICY

This office follows HIPPA regulations regarding the privacy of your personal information. By signing below, you acknowledge that you have been informed of this and the rest of the Practice Policy.You may request a copy of our detailed Notice of Privacy Policies.

I have read these policies and agree to follow them.

X _____ _____

Patient/Responsible Party Signature Date