

CITY MED SPA

SCIENCE MEETS BEAUTY

We DO NOT process or bill insurance. Patients are responsible for payment at time of service.

Basic Information:

Full Legal Name: _____ Date of Birth: _____

Phone Number: _____ Additional Numbers: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Primary Care Physician: _____

Medical History:

Allergies: _____

Medications (prescriptions, over-the-counter, vitamins, and supplements): _____

List any previous experience with cosmetic procedures such as Botox, chemical peels, facials, or dermal fillers: _____

1. Have you ever been diagnosed with any medical problems? YES NO

List: _____

2. Have you had any surgical procedures? YES NO

If so, please list: _____

3. Have you had any dental procedures? YES NO

If so, please list: _____

** We recommend no dental cleanings or procedures at least two weeks prior and two weeks post filler treatment**

4. Have you ever experienced any trauma to your face (or any other area we may be treating today) such as sutures, staples, etc? YES NO

If so, please explain: _____

5. Are you currently using or have a history of using high dose or long term steroids? YES NO

6. Are you using any Vitamin E, flax seed, fish oil, aspirin, ibuprofen, or blood thinners? YES NO

It is recommended that you avoid anticoagulant medications from seven days prior to fillers if possible as it increases risk of bruising and asymmetry

7. Are you taking any medications that may cause photosensitivity YES NO

Like: antibiotics [tetracyclines, sulfa drugs, fluoroquinolones], hydrochlorothiazide, amiodarone, NSAIDs [ketoprofen, piroxicam], retinoids, St. Johns Wart, tar Compounds, vemuafenib, phenothiazines [chlorpromazine], psoralens, griseofulvin, voriconazole, aminolevulinic acid, and/or porfimer sodium.

8. Have you ever had a cold sore or tested positive for herpes simplex?	YES	NO
To ensure the safety of our patients we require prophylactic medication to be taken for at least 3 days prior to any procedure to prevent reactivation of the virus		
9. Do you have any active lesions or rashes in the desired treatment area? ex. pimples, cold sores, picking nodules, eczema, psoriasis, etc.	YES	NO
10. Do you have any piercings, tattoos, or permanent cosmetics? If so, where: _____	YES	NO
11. Do you have any allergies to lidocaine, tetracaine, or other anesthetics?	YES	NO
12. Do you have a known allergy to hyaluronic acid?	YES	NO
13. Do you have a history of skin cancer/other cancer/ pre-malignant moles? If yes, explain _____	YES	NO
14. Do you have a pacemaker/defibrillator?	YES	NO
15. Metal Implants (retainer, rods, screws, ect.)? If so, where: _____	YES	NO
16. Do you have any diseases that are stimulated by light? ex. Lupus, Porphyria, Epilepsy	YES	NO
17. Any history of abnormal wound healing, keloid formation, or abnormal scarring?	YES	NO
18. Do you smoke? Packs per day _____ Number of years _____	YES	NO
19. Are you pregnant or trying to become pregnant?	YES	NO
20. Are you lactating?	YES	NO

Exit Options:

At City MedSpa value your privacy.

Would you prefer to use the back exit following your procedure?	YES	NO
Would you prefer to be checked out in the room?	YES	NO

Skin Typing Assessment:

You can use this skin-type chart for self-assessment, by adding up the score for each of the questions you've answered.

At the end there is a scale providing a range for each of the six skin-type categories. Following the scale is an explanation of each of the skin types. You can quickly and easily determine which skin type you are.

Genetic Disposition

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

Total Score 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 colour tan	Reasonable tan	Tan very easy	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
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Total Score 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 Score for Tanning Habits: _____

Skin Type Score (total 3 sections) _____

0-7	I
8-16	II
17-25	III
25-30	IV
Over 30	V-VI

TYPE 1: Highly sensitive, always burns, never tans. Example: Red hair with freckles

TYPE 2: Very sun sensitive, burns easily, tans minimally. Example: Fair skinned, fair haired Caucasians

TYPE 3: Sun sensitive skin, sometimes burns, slowly tans to light brown. Example: Darker Caucasians.

TYPE 4: Minimally sun sensitive, burns minimally, always tans to moderate brown. Example: Mediterranean type Caucasians, some Hispanics.

TYPE 5: Sun insensitive skin, rarely burns, tans well. Example: Some Hispanics, some Blacks

TYPE 6: Sun insensitive, never burns, deeply pigmented. Example: Darker Blacks.