



Welcome! We look forward to caring for you...

Name: _____ Date of birth: _____

If client is a minor, please provide parent or guardian's name: _____

Gender Identity: _____ Your Occupation: _____

Address: _____
Street City State Zip Code

Home Phone #: _____ May we leave you a message on this phone? Yes No

Mobile #: _____ May we text you a reminder 4 days before your appointment? Yes No

Do you prefer a phone call reminder? If so, which phone? _____

Email Address: _____

Would you like to receive 1-2 emails per month with special offers or information from us? Yes No

Emergency Contact: _____ Contact's Phone #: _____

Primary Medical Care Provider/ Doctor: _____

How did you find out about us? Please let us know all the ways:

Referred by a friend/ family member (name): _____

Albemarle Dermatology (upstairs) Medical office/ doctor (name): _____

Internet/ Google Search Facebook Instagram

Signature Med Spa Website Body by Signature Website Signature Men's Website

Coolsculpting Website Seminar / Spa Event Received a Spa Gift Card

Physician Locator vendor site Charity/ Donation/ School Event Saw the Building

The Scout Guide C-Ville Weekly Online C-Ville Weekly Print

We accept cash, credit cards, Care Credit, Alle coupons, Aspire Rewards, Xperience Rewards, our gift cards, and Spa Dollars that have not expired. Some treatments require a \$75, \$400 or \$500 deposit. I understand that I am financially responsible for all charges on the day of service.

Signature: _____ Date: _____



Skin Allergies, History, and Treatments

Name: _____ Date: _____ Age: _____

ALLERGIES: _____

SKIN CONDITION:

- Normal Dry Oily Combination Sensitive

MY AREAS OF INTEREST OF CONCERN:

- | | | |
|---|--|---|
| <input type="radio"/> Acne | <input type="radio"/> Acne Scarring | <input type="radio"/> Facial Hair |
| <input type="radio"/> Aging Facial Skin | <input type="radio"/> Sun Damaged Skin | <input type="radio"/> Body Hair |
| <input type="radio"/> Aging Hands | <input type="radio"/> Deep Wrinkles | <input type="radio"/> Skin Texture/ Tone |
| <input type="radio"/> Fine Lines/ Wrinkles | <input type="radio"/> Enlarged Pores | <input type="radio"/> Fat on the Body |
| <input type="radio"/> Pigmentation / Spots | <input type="radio"/> Facial Veins | <input type="radio"/> Sagging Earlobes |
| <input type="radio"/> Skin Tightening of Face | <input type="radio"/> Thinning Hair | <input type="radio"/> Skin Tightening of Body |
| | | <input type="radio"/> Other: _____ |

SKIN HISTORY

- | | |
|--------------------------------------|--|
| <input type="radio"/> Rosacea | <input type="radio"/> Eczema |
| <input type="radio"/> Psoriasis | <input type="radio"/> Accutane Use - Dates Used: _____ |
| <input type="radio"/> Fever Blisters | <input type="radio"/> Skin Cancer - Date: _____ |

HOW OFTEN DO YOU VISIT A COSMETIC DERMATOLOGY PRACTICE OR SPA FOR TREATMENTS?

- | | | |
|---|--|------------------------------------|
| <input type="radio"/> This is my first time | <input type="radio"/> Once a week | <input type="radio"/> Once a month |
| <input type="radio"/> Every other month | <input type="radio"/> Once or twice a year | <input type="radio"/> Other: _____ |

SUNSCREEN USAGE: Daily SPF in Makeup Outdoor Use Rarely Never

Please list the medications, medicated creams and herbal supplements that you use:



Financial Policies

CANCELLATIONS AND RESCHEDULING

Your appointments and well-being are important to us. We understand that occasionally unexpected events may occur requiring you to make scheduling adjustments. Please allow a minimum of **two business days'** notice to cancel or reschedule most Spa appointments. For selected longer appointments (Coolsculpting, Fraxel, InstaLift, Microblading, miraDry, Sculptra, and Ultherapy) we require **four business days' notice and a deposit** (outlined below).

Cancellations or rescheduling made with less than the required notice of *two business days* will incur **100%** of the cost of the scheduled service, or \$75, whichever is less. Cancellations made with less than the required notice of *four business days* for selected longer appointments will incur **100%** of the \$400 or \$500 deposit.

Repeated late cancellations or not showing for the appointment will require a non-refundable deposit for service.

We attempt to remind clients of appointments, by text message or phone, three to four days in advance.

NEW CLIENTS

New clients are scheduled to arrive 10 minutes prior to their appointment. Initial paperwork may be completed on our website or in our office. We ask for a credit card at the time of scheduling, please. Your credit card will be charged if we are not given 48 business hours' notice of any changes to or cancellation of your appointment.

DEPOSITS

The following procedures require deposits due to longer appointment durations:

- **\$75 Deposit:** Morpheus8 and Consultation with treatment planned on the same day (i.e. IPL+)
- **\$400 Deposit:** Coolsculpting
- **\$500 Deposit:** Fraxel, InstaLift, Microblading, miraDry, Sculptra, and Ultherapy

All pre-payments, deposits, and any other credits (except gift cards) on client accounts have a **one year expiration** from the date of purchase. Clients are encouraged to use their balances or request a refund within one year. After one year, the deposit, credit or pre-payment is forfeited.

GIFT CARDS

Gift cards are non-refundable and have a **five year expiration** from the date of purchase.

RETURNS

- Products for return must be within 30 days of purchase and:
 - Unopened and/or faulty.
 - If opened, minimally used and caused irritation. *If a product causes sensitivity or irritation, please try using every other day or contact us to speak with a skin expert.*
- Purchases made greater than 30 days ago *may* receive a credit or exchange if the product is unopened or faulty.
- Products paid for in cash, check, or CareCredit will be refunded in the form of "Spa credit" at Signature.

TIPPING

Tipping for exceptional service is at your discretion. A tip is never expected. Physicians and nurses are not tipped.

Your support is greatly appreciated. Thank you for allowing us to care for you!

Signature: _____ Date: _____

Your signature acknowledges that you have read and understand our policies.