



Welcome! We look forward to caring for you.

Name: _____

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

Gender Identity: _____ Birth date: _____

Street address: _____ City/ State/ Zip: _____

Home phone: _____ May we leave a message on this phone? _____

Cell: _____ May we text you a reminder 4 days before your appointment? _____

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

Email address: _____ Your occupation: _____

Would you like to receive 1-2 emails per month of 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 friend / family (name?) _____ Internet / Google search _____

Referred by Albemarle Dermatology (upstairs) _____ Facebook _____

Referred by medical office/ doctor (name?) _____ Instagram _____

Signature Medical Spa website _____ Body by Signature website _____ Signature Medical Spa Men website _____

CoolSculpting website _____ Seminar or Spa event _____ Received a Spa Gift Card _____

TV commercial _____ Radio _____ Charity / donation / school event _____ Saw the building _____

A Physician Locator for a service, treatment, or product's website _____ The Scout Guide _____

C-ville Weekly in print _____ C-ville Weekly online _____ Bridal / Menopause / Teen Consultation Cards _____

We accept cash, credit cards, Care Credit, Alle coupons, Aspire Rewards, Signature Medical Spa gift cards, Spa Dollars that have not expired.

Some treatments require a \$500 deposit. I understand that I am financially responsible for all charges.

Signature: _____ **Date:** _____



NAME: _____ DATE: _____ AGE: _____

ALLERGIES: _____

SKIN CONDITION:

- () Normal () Dry () Oily () Sensitive

MY AREAS OF INTEREST OR CONCERN:

- | | | |
|---------------------------|-----------------------------|------------------------------|
| () Acne | () Acne Scarring | () Underarm Sweating |
| () Aging Facial Skin | () Sun Damaged Skin | () Facial Hair or Body Hair |
| () Fine Lines / Wrinkles | () Deep Wrinkles | () Skin Tone / Texture |
| () Pigmentation / Spots | () Enlarged Pores | () Fat on the Body |
| () Spider Veins on Legs | () Facial Veins | () Sagging Earlobes |
| () Aging Hands | () Skin Tightening of Face | () Skin Tightening of Body |

SKIN HISTORY:

- | | |
|--------------------|--------------------------------------|
| () Rosacea | () Eczema |
| () Psoriasis | () Accutane Use / Dates Used: _____ |
| () Fever Blisters | () Skin Cancer / Date: _____ |

PREVIOUS COSMETIC PROCEDURES:

- () Cosmetic Surgeries / Implants: _____
- () Injectables: _____
- () Laser Treatments: _____
- () Other: _____

HOW OFTEN DO YOU VISIT A SPA FOR TREATMENTS?		
<input type="checkbox"/> Once a week	<input type="checkbox"/> Every other month	<input type="checkbox"/> Once or twice a year
<input type="checkbox"/> Once a month	<input type="checkbox"/> Once every three months	<input type="checkbox"/> Other: _____

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



You and Your Skin Care Products

What types of products do you usually use at home?

Creams	Serums	Exfoliators	Masks
<input type="checkbox"/> Anti-aging <input type="checkbox"/> Anti-wrinkles <input type="checkbox"/> Firming <input type="checkbox"/> Radiance <input type="checkbox"/> Moisturizing <input type="checkbox"/> Purifying <input type="checkbox"/> Soothing/ Softening <input type="checkbox"/> Brightening	<input type="checkbox"/> Oily skin <input type="checkbox"/> Anti-aging <input type="checkbox"/> Firming <input type="checkbox"/> Moisturizing <input type="checkbox"/> Brightening	<input type="checkbox"/> Exfoliators with grain <input type="checkbox"/> Biological	<input type="checkbox"/> Oily skin <input type="checkbox"/> Anti-aging <input type="checkbox"/> Firming <input type="checkbox"/> Moisturizing <input type="checkbox"/> Brightening
Eye Care	Lips	Neck/ Neckline	
<input type="checkbox"/> Anti-wrinkles <input type="checkbox"/> Fatigue <input type="checkbox"/> Under eye circles/ Puffiness <input type="checkbox"/> Anti-aging	<input type="checkbox"/> Anti-wrinkles <input type="checkbox"/> Anti-aging	<input type="checkbox"/> Anti-wrinkles <input type="checkbox"/> Anti-aging <input type="checkbox"/> Firming	
Make-up Removal / Cleansing			
Types: <input type="checkbox"/> Foam <input type="checkbox"/> Milk <input type="checkbox"/> Cream <input type="checkbox"/> Gel <input type="checkbox"/> Wipes <input type="checkbox"/> Soap <input type="checkbox"/> Eye Cleanser			
Sunscreen Use			
<input type="checkbox"/> Daily sunscreen <input type="checkbox"/> SPF in makeup <input type="checkbox"/> Outdoor Use <input type="checkbox"/> Rarely <input type="checkbox"/> Never			



Financial Policies

Cancellations and Rescheduling

Please allow a minimum of 48 hours' notice to cancel or reschedule Spa appointments. For selected longer appointments, we require four days' notice and a deposit (outlined below).

Cancellations made with less than the required notice will incur **100%** of the cost of the scheduled service, or \$75, whichever is less.

If possible, a missed appointment may be rescheduled within the same day to avoid a charge. Repeated late cancellations or not showing for the appointment will require a non-refundable pre-payment.

Consultations for lasers or other procedures with a treatment planned for the same day require a \$75 deposit and a minimum of two days' notice to make changes or cancel without a \$75 fee.

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

Deposits and Four Business Days' Notice

Some procedures require special arrangements due to longer appointment durations: Coolsculpting, Fraxel, Hair Rejuvenation with PRP, InstaLift, Microblading, miraDry, Sculptra, Thermage, and Ultherapy. For these procedures, we require a \$500 deposit when the appointment is made. Should you need to make a change in the appointment, we require a cancellation notice of four business days (96 hours) prior to the procedure. There is a \$500 fee if cancellation is made within less time. This will be reviewed with clients who make a deposit.

Returns

- Purchases, except for makeup, may be returned within 30 days.
- Makeup is non-refundable.
- Products for return must be:
 - Unopened and/or faulty
 - Lightly used and caused skin irritation
- Purchases made greater than 30 days ago *may* receive a credit or exchange if the product is unopened or faulty.
- A cash refund usually requires 24 hours to process if the refund amount exceeds \$50.

Tipping

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

Please acknowledge that you have read our policies. Your support is greatly appreciated. Thank you for allowing us to care for you!

Signature: _____ **Date:** _____