

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

Name:	Date of birth:				
If client is a minor, please provide pare	nt 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 bef	fore your appointme	ent? OYes ONo		
Do you prefer a phone call reminder? I	f so, which phone?		_		
Email Address:			_		
Would you like to receive 1-2 emails pe	er month with special offers or information	on from us? Yes	No		
Emergency Contact:	Contact's Pho	ne #:			
Primary Medical Care Provider/ Doctor	:				
How did you find out about us? Please	e let us know all the ways:				
Referred by a friend/ family member	r (name):				
Albemarle Dermatology (upstairs)	○ Medical office/ doctor (name):				
O Internet/ Google Search	○ Facebook	○ Instagram			
○ Signature Med Spa Website	O Body by Signature Website	○ Signature Me	n's Website		
Ocoolsculpting Website	◯ Seminar / Spa Event	○ Received a Sp	oa Gift Card		
O Physician Locator vendor site	Ocharity/ Donation/ School Event	Saw the Build	ling		
○ The Scout Guide	C-Ville Weekly Online	C-Ville Weekl	y Print		
•	dit, Alle coupons, Aspire Rewards, Signatune treatments require a \$75, \$400 or \$50 n the day of service.		•		
Signature:		Date:			



Skin Allergies, History, and Treatments

Name:		Date:	Age:	Age:	
ALLERGIES:					
SKIN CONDITION:					
○ Normal	○ Dry	Oily	○ Combination	○ Sensitive	
MY AREAS OF INT	EREST OF CONCER	RN:			
○ Acne		Acne Scarring	C Facial Hair		
Aging Facial Ski	in	O Sun Damaged Skin	O Body Hair		
Aging Hands		O Deep Wrinkles	○ Skin Text	○ Skin Texture/ Tone	
◯ Fine Lines/ Wri	nkles	Enlarged Pores	○ Fat on the	○ Fat on the Body	
OPigmentation /	Spots	Facial Veins	○ Sagging E	Sagging Earlobes	
Skin Tightening of Face		○ Thinning Hair	○ Skin Tight	○ Skin Tightening of Body	
			Other:		
SKIN HISTORY					
○ Rosacea		○ Eczema			
O Psoriasis		Accutane Use - Dates Used:			
Fever Blisters		Skin Cancer - Date:			
HOW OFTEN DO Y	OU VISIT A COSM	ETIC DERMATOLOGY PRACTIC	E OR SPA FOR TREATMENTS	5?	
◯ This is my first	time	Once a week	Once a m	onth	
O Every other mo	onth	Once or twice a year	Other:		
Please list the me	dications, medica	ted creams and herbal suppler	nents that you use:		
			, - 		



You and Your Skin Care Products

What types of products do you usually use at home?

Creams	Creams Serums Exfoliators		5	Masks			
 ○ Anti-aging ○ Anti-wrinkles ○ Firming ○ Radiance ○ Moisturizing ○ Purifying ○ Soothing/ Softening ○ Brightening 	Anti-a Firmin Moist	Oily skin Anti-aging Firming Moisturizing Brightening		grain	Oily skin Anti-aging Firming Moisturizing Brightening		
Eye Care		Lips		Neck/ Neckline			
○ Anti-wrinkles○ Fatigue○ Under eye circles/ Puffiness○ Anti-aging		Anti-aging		○ Anti-wrinkles○ Anti-aging○ Firming			
Make-up Removal / Cleansing							
Types: OFoam OMil	k C) Cream 🔷 Gel	○ Wipes	○ Soap	C Eye Cleanser		
Sunscreen Use							
○ Daily sunscreen							



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.

RFTURNS

- Products for return must be within 30 days of purchase and:
 - Unopened and/or faulty.
 - o 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:	
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