Perfect Skin Laser Center

Patient Profile

Name: _____ D.O.B._____ Age:_____ Sex:_____

Address:_____ Phone:_____

City:_____ State:_____ Zip:_____

How did you hear about us?_____ Occupation:_____

Emergency Contact Name:_____ Relationship:_____ Phone:_____

Email Address:_____

_____

Are you taking any medications? Please list.	No	Yes	_____
Are you on any birth control medication?	No	Yes	_____
Are you taking Vitamins?	No	Yes	_____
Do you have any Medical Illness?	No	Yes	_____
Are you pregnant?	No	Yes	_____
Do you develop cold sores or fever blisters?	No	Yes	_____
Are you allergic to Lidocaine or any other anesthetic?	No	Yes	_____
Any family history of adverse reaction to local anesthetic?	No	Yes	_____
Do you have any drug allergies, allergies or sensitivities?	No	Yes	_____
Are you currently using Retin-A/Renova/Differin?	No	Yes	_____
Are you currently using/have used Accutane?	No	Yes	_____
Have you had facial surgery?	No	Yes	_____
Have you had laser resurfacing or Chemical Peels?	No	Yes	_____
Are you having MicroDermabrasions or Facials?	No	Yes	_____
Have you had Filler or Botox Injections?	No	Yes	_____
Do you smoke? How many packs per day?	No	Yes	_____

What is your hereditary makeup? (i.e. Irish / German / Indian etc.)_____

What skin care products do you use? _____

Please indicate the areas that concern you:

Unwanted hair	____	Unwanted tattoo/birthmark	____	Scars	____
Spider veins face/legs	____	Dark circles/bags under eyes	____	Loose skin	____
Nose shape/size	____	Redness/freckles/brown spots	____	Acne	____
Excess Fat	____	Major lines around nose/mouth	____	Small or thin lips	____
Skin Tone	____	Fine Lines/Wrinkles	____	Cellulite	____

_____ _____

Patient or Guardians Signature Date

_____ _____

Technician or Provider Signature Date

Revised January 2021

Perfect Skin Laser Center

2177 E. Warner Road, Suite #105

Tempe, AZ 85284

Tel: (480) 897-3623

Fax: (480)897-3640

E-Mail: perfectskincenter@yahoo.com

Due to the new HIPAA laws that are now in effect, we must have your written authorization to release your medical information to a person other than yourself. Understand that your information may need to be discussed with your current physician or any other member of your physician's office and/or other medical facility in regards to the scheduling of procedures. Only the information needed to do this will be released. This release will be valid for one year from the date of signing.

1. Whom may we release your medical information to [if needed]:

_____Spouse

_____Sibling

_____Parent

_____Son and/or Daughter

_____ Physician - Name

_____ Attorney - Name

_____ Other - Please indicate who other is:

_____

2. May we send you any correspondence by means of mail/e-mail/text message/phone call?

YES/NO

3. May we leave a message on your answering machine confirming an appointment or following up on any procedures done in our office?

YES/NO

Signature: _____Date: _____

Print Name:_____

Form Revised January 2021

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Patient Agreement

Please read fully before signing

Due to the high volume and popularity of treatments at Perfect Skin Laser Center, a very efficient and accurate scheduling process is imperative in order to provide our patient's with the best possible service.

Because of this, we do implement a 24-hour cancellation policy. If a patient fails to cancel an appointment within 24 hours, a **$25** no show fee **will** be put on the patient's account that must be paid before their next appointment. If the scheduled appointment is over 1 hour of treatment time, a **$50** no show fee will be put on the patient's account. The fee **MUST** be paid before any further treatments can be scheduled. This fee can be paid either over the phone or in person, but it must be paid BEFORE the patient's next appointment.

*For our prepaid laser hair removal packages, any no shows will result in the forfeit of a treatment.

***Any scheduled appointments that you are 10 minutes or more late to will be automatically cancelled and will need to be rescheduled.**

Additionally, any treatments scheduled that take over 1.5 hours will require a $200 deposit at time of scheduling. These treatments include, but are not limited to: Coolsculpting, YLift, Thread Lift, Cellfina, and Thermitight. This deposit will be taken either in person or over the phone but must be paid AT THE TIME OF SCHEDULING.

Before and after pictures may be used for our social media accounts unless otherwise stated by the patient _____**Do not use photos.**

We do hope that these policies will not offend, but rather make time for all of our patients and allow for the best treatments possible.

By signing below, you are acknowledging that you understand and agree to comply with the above policies.

_____ _____

Patient/Parent/Guardian Signature Date