

HEALTH PROFILE

- Y N Do you have any allergies? Please List:
- Y N Do you have any medical conditions? Please List:
- Y N Have you had any surgeries? Please List:
- Y N Are you a smoker?
- Y N Do you have a pacemaker?
- Y N Are you under the care of a dermatologist or physician?
Please explain:
- Y N Are you pregnant?
- Y N Attempting pregnancy?
- Y N Breastfeeding?

Please list all medications you're currently taking, including vitamins and supplements:

SKIN PROFILE

- Y N Do you have a history of cold sores?
- Y N Have you used ACCUTANE in the past 6 months?
- In the past 72 hours have you applied:
- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Retin A | <input type="checkbox"/> Renova |
| <input type="checkbox"/> Tazorac | <input type="checkbox"/> Avage |
| <input type="checkbox"/> Differin | <input type="checkbox"/> Glycolic |

- In the past 7 days, have you had any of the following treatments?:
- | | |
|--|--|
| <input type="checkbox"/> Microdermabrasion | <input type="checkbox"/> Laser Hair Removal |
| <input type="checkbox"/> Chemical Peels | <input type="checkbox"/> Waxing for Hair Removal |
| <input type="checkbox"/> Colored Your Hair | |

- Y N Do you use tanning beds? How often? _____

- If you were in the sun unprotected, would you:
- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Always Burn | <input type="checkbox"/> Usually Burn |
| <input type="checkbox"/> Burn Then Tan | <input type="checkbox"/> Tan Easily |

- Y N Do you use sunscreen?

Please describe your current skin care routine:

- Rate your satisfaction with results achieved with this routine.
- 1 2 3 4 5

GOALS/NEEDS

Please describe your skincare goals and/or needs (i.e., reduce pigmentation, shrink pores, look younger, wrinkle reduction, product information, etc.)

FUTURE CONTACT WITH REJUV

- Yes, I would like to have Rejuv contact me to confirm appointments. If yes, please indicate contact preferences (check all that apply):
- | | | | |
|--|--|---------------------------------|-------------------------------|
| <input type="checkbox"/> Phone: | <input type="checkbox"/> Home | <input type="checkbox"/> Mobile | <input type="checkbox"/> Work |
| <input type="checkbox"/> Email: | provide address if different from above: | | |
| <input type="checkbox"/> SMS / Text Message* | | | |
- No, I prefer not to be contacted by Rejuv for any reason
- Yes, I would like to be on Rejuv's mailing list to receive special offers and promotions.
- | | |
|--|--|
| <input type="checkbox"/> Email: | provide address if different from above: |
| <input type="checkbox"/> SMS / Text Message* | |
| <input type="checkbox"/> Mail: | provide address if different from above: |
- No, I prefer not to be on Rejuv's mailing list.

You can also follow us on facebook for special promotions, last minute sales and unique offers exclusively for our facebook followers. Visit us at: [facebook.com/rejuvclinic](https://www.facebook.com/rejuvclinic)

**Standard text messaging rates do apply.*

CANCELLATION POLICY: Due to the popularity of our unique services and as a courtesy to the staff and other guests, we require a minimum 24 hours advance notice of appointment cancellations or changes. Appointments cancelled or changed after the notification period will result in a cancellation fee or service being deducted from your package.

Cancellation fee structure is as follow:

\$25 per consultation, body therapy, and skincare services
\$50 per laser or injectible service

No notification of cancellation will result in a full charge of the regular treatment price, or a deduction from an existing package.

Late arrivals will result in the appointment concluding at the original time scheduled and at the regular treatment price.

All service reservations require a credit card for guarantee.

I understand the above and agree.

Signed: _____

Date: _____