



Welcome To Rejuv Skin & Laser Clinic

Thanks for choosing Rejuv Skin & Laser Clinic. We are proud to be the area's premiere medical skincare clinic. Our mission is to understand you and your skincare needs, and give you results-oriented products and services that align with your goals.

Our consultant will provide a detailed explanation and plan during your consultation today. We look forward to serving your skin care needs!

Today's Date: _____

PERSONAL PROFILE

Name: _____
First Middle Last

Address _____

City/State/Zip _____

Phone #s: Home () _____ Mobile () _____ Work () _____

E-Mail Address _____

Occupation _____ Age _____ Birthdate ____ - ____ - ____

If married, what is your anniversary date? ____ - ____ - ____ Notify in Emergency _____

How did you learn about Rejuv? (Please check all that apply)

- Fargo Forum
 - Direct Mail
 - Internet/Web Site
 - Seminar
 - Referral _____
 - Yellow Pages
 - Area Woman
 - Other/Please describe: _____
 - Television Ad
- _____ Please provide their name so we can thank them.

I have an interest in the following services:

- Laser Hair Removal
- Skin Care
- Chemical Peels
- Botox
- Permanent Cosmetics
- Photorejuvenation
- Microdermabrasion
- Cellulite Reduction
- Restylane
- OTHER/Please describe: _____
- Laser Treatments
- Acne Treatments
- Facials
- Vein Removal

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:

- Retin A Renova
 Tazorac Avage
 Differin Glycolic

In the past 7 days, have you had any of the following treatments?:

- Microdermabrasion Laser Hair Removal
 Chemical Peels Waxing for Hair Removal
 Colored Your Hair

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

If you were in the sun unprotected, would you:

- Always Burn Usually Burn
 Burn Then Tan 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):

- Phone: Home Mobile Work
 Email: provide address if different from above:

Yes, I would like to have Rejuv contact me about skincare trends, educational information, special offers, new services, promotions. If yes, please indicate contact preferences (check all that apply):

- Phone: Home Mobile Work
 Email: provide address if different from above:

- Mail: provide address if different from above:

No, I prefer not to be contacted by Rejuv.

DEPOSIT POLICY: For some of our services, we require a deposit at the time the appointment is made which will be applied to the total cost of the treatment. This may be secured with a credit card, check, or cash.

CANCELLATION POLICY: We require a 48 – hour notification for cancellation of our appointments. Failure to give a cancellation notice or failure to show for an appointment will result in the loss of your deposit or treatment session.

I understand the above and agree.

Signed: _____

Date: _____