



Name: \_\_\_\_\_ Date: \_\_\_\_\_ [ ] M [ ] F

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Brilliant Dist. Member Number: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

How did you hear about us? Google Facebook Yelp Internet

Referred by: \_\_\_\_\_ Other: \_\_\_\_\_

### Financial Agreement and Office Policies

Abloom Medical Spa is committed to providing you with the best possible aesthetic and cosmetic services and procedures. As a part of our commitment to offer high quality experiences and results to all of our clients we ask our clients abide by our office policies to ensure everyone has the highest quality experience while at Abloom.

Medical Insurance policies do not typically cover these services; Abloom Medical Spa is not contracted with insurance companies and offers services on a cash basis only. Abloom Medical Spa is not obligated to complete any form that may be provided by a health insurance company sent to a patient or physician in this regard.

Abloom Medical Spa clients have five days after purchase **and** three days before first treatment whichever is earlier to receive a refund on services. Product is only refundable if there is a **defect** in manufacturing. After this time frame has expired there is a NO refund policy. Abloom Med Spa has the right to refuse service to clients who do not abide by treatment guidelines or have become disruptive to Abloom’s business operations.

Abloom Medical Spa requires a 24 hour notice of appointment cancellation. **Any appointments missed without notice or cancelled under the 24 hour notice window will be assessed a (\$50.00) fee per appointment.**

If Abloom Medical Spa undertakes collection efforts to recover any past due amounts, I agree to pay all reasonable cost incurred, including attorney’s fees. If you fail to make payment in full for the services that are rendered to you, your outstanding balance will be sent to a collections agency. You will be responsible for the fees assessed by the collections agency or attorney fees incurred in the collection process.

I have read and fully understand the above statement and agree to abide by Abloom Medical Spa’s financial agreement and office policies set for in this agreement.

\_\_\_\_\_  
*Client Name (print)*

\_\_\_\_\_  
*Patient Signature or Legal Guardian*

\_\_\_\_\_  
*Date*



## MEDICAL HISTORY

*Have you ever been treated for: (Check ALL that apply)*

	Yes	No		Yes	No
High blood pressure	[ ]	[ ]	Liver disease	[ ]	[ ]
Heart problems or stroke	[ ]	[ ]	Cancer	[ ]	[ ]
Angina	[ ]	[ ]	Varicose Veins	[ ]	[ ]
Shortness of breath	[ ]	[ ]	Anemia	[ ]	[ ]
Pulmonary embolism	[ ]	[ ]	Asthma / Bronchitis	[ ]	[ ]
Migraine Headaches	[ ]	[ ]	Fever Blisters	[ ]	[ ]
Hemophilia	[ ]	[ ]	Blood transfusion	[ ]	[ ]
Stomach problems	[ ]	[ ]	Yellow Jaundice	[ ]	[ ]
Arthritis	[ ]	[ ]	Hepatitis	[ ]	[ ]
Bell's Palsy	[ ]	[ ]	Glaucoma	[ ]	[ ]
Epilepsy	[ ]	[ ]	Facial Nerve Damage	[ ]	[ ]
HIV	[ ]	[ ]	Glasses / Contacts	[ ]	[ ]
Diabetes	[ ]	[ ]	Mitral Valve Prolapse	[ ]	[ ]
Depression	[ ]	[ ]	Mental Conditions	[ ]	[ ]

Have you ever taken Accutane? Yes No

Cold Sore History: \_\_\_\_\_

Current Medications:

Specifically, blood thinners, NSAIDS (ibuprofen, Advil), or Antibiotics?

Medication Allergy: \_\_\_\_\_

Are you currently pregnant? \_\_\_\_\_ Breast Feeding? \_\_\_\_\_

Does your skin: Tan? [ ] Burn? [ ] Pre-cancerous Lesions? [ ] Lesion Removal? \_\_\_\_\_

When? \_\_\_\_\_ Mole Removal? [ ] When? \_\_\_\_\_ Hair Removal: Wax? [ ] Electrolysis? [ ]

Laser? [ ] When? \_\_\_\_\_ Permanent make-up? \_\_\_\_\_



**SELF ASSESSMENT FORM**

*Please complete this questionnaire to help us better understand your history, preferences, and concerns with respect to aesthetic treatments and procedures. These responses will help us formulate the most personalized medical consultation and care plan for you.*

How did you hear about Ablloom Med Spa? \_\_\_\_\_

Have you had any aesthetic treatments or procedures in the past?    Yes    No

**Previous Resurfacing Procedures** (Please give last date of treatment)

CO<sub>2</sub> \_\_\_\_\_ Erbium \_\_\_\_\_ Dermabrasion \_\_\_\_\_ Chemical Peels: Phenol \_\_\_\_\_ TCA \_\_\_\_\_  
Glycolic \_\_\_\_\_ Salicylic \_\_\_\_\_ Other treatments: \_\_\_\_\_

**Areas of Concern:** (Please circle all that apply)

- Fine Lines/wrinkles    Lip lines    Volume Loss    Skin Elasticity    Sagging Skin
- Hyper pigmentation/Age Spots    Psoriasis/Eczema    Acne/Acne Scars    Facial Capillaries
- Skin Disorder    Color/tone    Skin texture    Smartlipo/HCG (Weight loss)

**Home Skin Care Products**

Cleanser: \_\_\_\_\_ Frequency? \_\_\_\_\_ Toner/Astringent: \_\_\_\_\_  
Moisturizer: \_\_\_\_\_ Eye Cream: \_\_\_\_\_  
Exfoliator: \_\_\_\_\_ Sunscreen: \_\_\_\_\_  
Other: \_\_\_\_\_ Make-up: \_\_\_\_\_

**Other Services you may be interested in:** (Please circle all that apply)

- SmarLipo body contouring    Vampire Facial/Face Lifts    Microneedling/Dermapen
- FotoFacial    Refirm treatment    Matrix treatment
- Botox    Dermal fillers: *Voluma, Juvederm, Radiesse*
- Facial Peels    Microdermabrasion    Dermaplane
- Laser Hair removal    Acne Treatments    HCG (weight loss treatment)

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

# Skin Typing Worksheet

<b>Circle the appropriate answer for your skin type</b>					
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
What is your eye color?	Light blue or gray	Blue or Green	Hazel or light brown	Dark brown	Brownish black
What is the natural color of your hair?	Red, sandy red	Blonde	Dark blonde, chestnut, brown	Dark brown	Black
What is the color of your skin (unexposed areas)?	Reddish	Very pale	Pales with beige tint	Light brown	Dark brown
Do you have freckles on sun-exposed areas?	Many	Several	Few	Incidental	None
What happens when you stay in the sun too long?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns sometimes followed by peeling	Rarely burns	Never had burns
To what degree do you turn brown?	Hardly any or not at all	Light tan	Reasonable tan	Tan very easily	Turn dark brown quickly
Do you turn brown several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always
How does your face respond to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem
When did you last expose yourself to the sun, tanning bed or self-tanning creams?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than 1 month ago	Less than 2 weeks ago
How often is the area you want to have treated exposed to the sun?	Never	Hardly ever	Sometimes	Often	Always

<b>Fitzpatrick Skin Type</b>	<b>Score Range</b>	<b>Patient's Total Score</b>
<b>I</b>	0-7	Always burns. Never tans. Red or blonde hair, light eyes.
<b>II</b>	8 --16	Somewhat tans, mostly burns
<b>III</b>	17-25	Sometimes burns, mostly tans, also known as "Olive" complexion
<b>IV</b>	26-30	Rarely burns, almost always tans, also known as "Olive" complexion
<b>V</b>	Over 30	Moderately pigmented (Indian, Hispanic, etc.)
<b>VI</b>	Over 30	African American

### Evaluation

Skin Type:                      Normal: \_\_\_\_\_      Oily: \_\_\_\_\_      Dry: \_\_\_\_\_      Acne: \_\_\_\_\_      Other: \_\_\_\_\_