



Agape Medical Spa & Weight Loss Center of Warwick
Medically Directed By: Dr. Gina LaProva, MD & Paul Mallari, PA-C
***All areas marked with a single asterisk are REQUIRED.**

*Legal Name: _____ *Today's Date: _____

Preferred Name: _____ Preferred Pronoun: She / He

*Address: _____ *Gender: M / F / Transgender

*City: _____ *State: _____ *Zip: _____ *DOB: _____

Home Phone #: _____ Work #: _____ *Cell #: _____

*E-Mail: _____ *Referred By: _____

Primary Care Physician: _____

*Current Medications (including Vitamins): _____

_____ Recent Surgeries/Injuries? _____

*Allergies (including Food Allergies): _____

*Medical History: Do you have any of the following? (Please check all that apply)

- | | | | |
|---------------------------------------|----------------------------|--------------------------------------|----------------------------------|
| _____ Acne | _____ Circulation Problems | _____ Hepatitis | _____ Pregnancy/Breastfeeding |
| _____ Anemia | _____ Cold Sores | _____ Hernia | _____ Psychiatric Issues |
| _____ Anxiety | _____ Depression | _____ Herpes Simplex | _____ Respiratory Issues |
| _____ Arthritis | _____ Diabetes | _____ HIV | _____ Seizures/Epilepsy |
| _____ Asthma | _____ Digestion Problems | _____ Keloids | _____ Sinus Problems |
| _____ Bleeding/Bruising
Conditions | _____ Dizziness/Fainting | _____ Kidney/Urinary | _____ Skin Conditions |
| _____ Blood Clots | _____ Endocrine Issues | _____ Liver/Gall Bladder
Problems | _____ SMOKER |
| _____ Blood Pressure
(High / Low) | _____ Excessive Stress | _____ Muscle Sprain/Strain | _____ Ulcers |
| _____ Cancer | _____ Fatigue | _____ Osteoporosis | _____ Varicose Veins |
| _____ Cardiac Issues | _____ Headaches | _____ Pins/Pacemakers | _____ Vertebral/Disc
Problems |

Notes or details regarding Medical History: _____



We have found that the development of Agape Medical Spa has been greatly enhanced by patient feedback. In the area below, please indicate your particular areas of concern and which of the following treatments may be of interest to you, now or in the future. If you would like additional information about any of these treatments, please ask anyone here, and we will be more than happy to help you.

Personal Areas of Concern:

- Acne
- Body Sculpting / Fat Reduction
- Cellulite
- Dry / Dehydrated Skin
- Hair Removal
- Hyperpigmentation
- Muscle Tension
- Oily / Irritated Skin
- Scarring
- Skin Tightening
- Vein Removal
- Wrinkle Reduction
- Other: _____

Treatments of Interest:

- Botox
- Chemical Peels
- Dermal Fillers
- Facials
- Laser Treatments
- Massage Therapy
- Microdermabrasion
- Microneedling
- JetPeel
- PRP for Hair Loss
- Teeth Whitening
- Venus Bliss

Confidentiality Agreement:

Under the protection of the HIPAA Privacy Act, I understand that my treatment records are strictly confidential. The contents of my records cannot be released to any person or organization without my prior written approval, excluding peer review and my primary care physician.

***Initials of Patient, Parent or Guardian** _____



AGAPE OF WARWICK

CANCELLATION POLICIES & FEES:

Time allocated for your spa treatments is reserved especially for you. We value your patronage and are very grateful to be a busy and thriving small business in our community. While we understand that adjustments are sometimes necessary, for the benefit of our staff and your fellow patrons, we kindly ask that you respect the spa's scheduling policies.

In order to assist you with remembering your scheduled appointment times, we utilize an automated system which sends text and/or email reminders beginning 7 days before your treatment date continuing through to the day of. (Our staff also calls and/or leaves voicemails when automated options are not used.) **We offer these appointment reminder options as a courtesy to you, and their efficiency and convenience leaves little excuse for late cancellations and/or no-shows.**

Should you need to cancel or reschedule, please provide proper notification in order to avoid any potential fees. Also, please note that within 72 hours of your scheduled appointment, **the only valid method of cancellation is by phone call/voicemail.** Unfortunately, texts and emails often do not reach us in real-time nor do we have someone constantly monitoring those modes of communication.

Any cancellations with less than 24 hours of notice are subject to a cancellation fee, and 48 hours' notice is required to cancel or reschedule groups of 3 or more or for individuals who are booked for 3 or more treatments/areas.

- **Cancellations with less than 24 hours' notification will result in a minimum charge of \$25. Repeat offenses and multi-treatment appointments will result in escalated fees up to 50% of the price of the treatment(s) scheduled.**
- **"No-Shows" will be charged a minimum fee of \$50. Repeat offenses and multi-treatment appointments will result in escalated fees up to 100% of the price of the treatment(s) scheduled.**

We recognize that the time of our clients and staff is valuable and have implemented these policies for this reason. **When you miss an appointment with us, we not only lose your business, but also the potential business of other clients who could have scheduled an appointment for the same time. Just like you, we'd much prefer to have another guest take your place rather than charge for a cancellation.** Additionally, many times our staff will be functioning in an "on call" status and can have travelled to the spa specifically for your service. For these reasons we are obligated to compensate our staff for their time as well as make up for the lost revenue. ***We truly appreciate your understanding regarding this sensitive matter.***

When you schedule your appointment with us, whether over the phone or in-person, you are agreeing to these policies.



All services require a Credit Card or an active Agape Gift Card Code to guarantee a reservation, so please have the appropriate information ready when booking. With the exception of Pre-Paid Consultation Reservation Deposits**, **you will not be charged or billed unless there is a late cancellation or no-show**. In the case that we are not able to charge the appropriate fees using your reservation method, we reserve the right to apply accrued Rewards Points toward the owed balance or alternately a bill will be sent to you.

***All details regarding our Consultation Policy are provided below.*

CONSULTATIONS & ASSOCIATED FEES:

- Medical Consultations: There is a \$100 Non-Refundable Reservation Deposit required for all consultations with members of our Medical Staff. Payment of this deposit is accepted via cash, credit card or active Agape Gift Card and must be made at or before the time of booking your consultation appointment. This deposit can be applied as a credit toward any treatment performed by our medical staff and is valid for 1 year after which it EXPIRES. The limited availability and specialized qualifications of our medical professionals make their time particularly valuable, so **in the case of consultation cancellations with less than 24 hours' notice and/or no-shows, the \$100 Deposit will be absorbed by Agape to compensate for our lost time.**

Acknowledgements & Signature:

I verify that the personal information I have provided above is correct and current.

I understand that I am responsible for payment in full of any and all services rendered.

I certify that I have thoroughly read the included Cancellation & Consultation Policies as well as information regarding all associated fees, and I understand that violation of these policies will result in penalty fees charged to my credit card or Agape Gift Card on file and/or to my client account.

***Signature of Patient, Parent or Guardian:** _____

Date: _____

Witness/Technician Initials: _____

**To access all of our detailed Policies, Fees & Mission Statement, you can view a complete listing any time on our website at www.agapemedical.com or you may request a printed copy in-house.