Agapé
MEDICAL SPA & WEIGHT LOSS

PATIENT DEMOGRAPHIC
(Please Print Legibly)

Patient Name:_____DOB:_____

Cell Phone:_____Work Phone:_____ M / F / Transgender

Mailing Address:_____City:_____State:_____Zip:_____

Preferred Email: _____

Married:_____Single:_____Widowed: _____Divorced: _____Legally Separated: _____

Emergency Contact Name:_____Relationship_____

Emergency Contact Phone#: _____

Are you Pregnant? Y / N Planning a Pregnancy? Y / N Are you breastfeeding? Y / N Do you live alone? Y/ N

Primary Care Physician Name & Address: _____

Name and Address of Pharmacy: _____

I understand and agree that I am ultimately responsible for the balance on my account for any professional services rendered. I, the undersigned/guardian have read the HIPPA guidelines and understand the training, credentialing, and experience of all practitioners in theclinic.

_____

Patient Responsible Party Relationship Date Signed

History and Intake Form

Past Medical History: (**Please check off all that apply**)

- o Anxiety
- o Arthritis
- o Asthma
- o Atrial Fibrillation
- o BPH
- o Bone Marrow Transplant
- o Breast Cancer
- o Colon Cancer
- o COPD
- o Coronary Artery Disease
- o Depression
- o Diabetes
- o End Stage Renal Disease
- o GERD
- o Hearing Loss
- o Hepatitis
- o High Blood Pressure
- o HIV/AIDS
- o High Cholesterol
- o Over Active Thyroid
- o Under Active Thyroid
- o Leukemia
- o Lung Cancer
- o Lymphoma
- o Prostate Cancer
- o Radiation Treatment
- o Seizures
- o Stroke
- o **None**

Other _____

Past Surgical History: (**Please check off all that apply**)

- o Appendix Removed
- o Bladder Removed
- o Mastectomy (Right, Left, Bilateral)
- o Lumpectomy (Right, Left, Bilateral)
- o Breast Biopsy (Right, Left, Bilateral)
- o Breast Reduction
- o Breast Implants
- o Colectomy: Colon Cancer
- o Colectomy: Diverticulitis
- o Colectomy: IBD
- o Gallbladder Removed
- o Coronary Artery Bypass
- o PTCA
- o Mechanical Valve Replacement
- o Biological Valve Replacement
- o Heart Transplant
- o Joint Replacement, Knee (Right, Left, Bilateral)
- o Joint Replacement, Hip (Right, Left, Bilateral)
- o Joint Replacement within last 2 Years
- o Kidney Biopsy
- o Kidney Removed (Right, Left)
- o Kidney Stone Removal
- o Kidney Transplant
- o Ovaries Removed: Endometriosis
- o Ovaries Removed: Ovarian Cyst
- o Ovaries Removed: Ovarian Cancer
- o Prostate Removed: Prostate Cancer
- o Prostate Biopsy
- o TURP
- o Skin Biopsy
- o Basal Cell Cancer Surgery
- o Squamous Cell Cancer Surgery
- o Melanoma Surgery
- o Spleen Removed
- o Testicles Removed (Right, Left, Bilat)
- o Hysterectomy: Fibroids
- o Hysterectomy: Uterine Cancer
- o **NONE**

Other: _____

SKIN DISEASE HISTORY: (**Please check off all that apply**)

- o Acne
- o Actinic Keratosis
- o Asthma
- o Basal Cell Skin Cancer
- o Blistering Sunburns
- o Dry Skin
- o Eczema
- o Flaking or Itchy Scalp
- o Hay Fever/ Allergies
- o Melanoma
- o Poison Ivy
- o Precancerous Moles
- o Psoriasis
- o Squamous Cell Skin Cancer
- o **NONE**

Other:_____

Do you wear Sunscreen? Yes No If yes, what SPF? _____
Do you tan in a tanning salon? Yes No

Do you have a family history of Melanoma? Yes No

If yes, which relative(s)? _____

MEDICATIONS: (Please list ALL Medications)

_____
_____
_____

ALLERGIES: (Please list ALL Allergies & Reactions)

_____
_____
_____

SOCIAL HISTORY: (Please circle all that apply)

Cigarette Smoking:
Currently Smokes
Has smoked in the past
Never smoked
Former Smoker

Alcohol Use:
None
Less than 1 drink per day
1-2 drinks per day
3 or more drinks per day

OCCUPATION & WORKPLACE: _____

How often do you exercise_____**What is your caffeine use** _____

Policies

Cancellation:

In an effort to remain timely with our patient flow and allow for optimal client access, we have implemented the following cancellation policy:

- Please understand that when you forget or cancel your appointment without giving enough notice, we miss the opportunity to fill the appointment time and clients on our waiting list miss the opportunity to receive services they need. We ask all new and established clients supply a credit card to have on file. All cards on file are added to the system via a secure electronic process the ensures the information is encrypted and remains secure. In the event we do not receive the required notice for adjustments and cancellations the following fees will be applied to your card or billed to you in the event the card is declined:
- Notification given at least 24 hours prior to your appointment will **NOT** receive a charge.
- **No-Shows or notifications given less than 24 hour prior to appointment time will result in a cancellation fee of $50.00**
    - Appointment deposits are subject to change per management's discretion. In the event that a patient has a history of two or more no-shows or cancellations, patient may be subject to pay full service price to schedule per management’s discretion.

You will be reminded of theses at the time of scheduling.

We understand that unplanned issues can come up and you may need to cancel an appointment. Unfortunately, it has been our experience that most of the time un-kept appointments are not due to emergencies. We have experienced an increase in patients not keeping their scheduled appointments and not calling to cancel. As a courtesy, we confirm appointments via email, text, and/or call a week before and the day prior to scheduled appointments. If we have a cancellation on the schedule, we like to offer the time slot to a client on our waiting list, or who is calling for a same day appointment. Without notice of cancellation we are unable to do this. When a patient does not show up for a schedule appointment, another patient loses the opportunity to be seen.

Thank you for being a valued client and for your understanding and cooperation in regards to this policy.

Late Arrival:

We suggest arriving 5-10 minutes prior to your appointment time to allow time to complete paperwork or answer questions about your service you may have. We understand that issues can arise that may cause you to be late for your appointment. However, we ask that you call to inform us if that ever occurs, so we can do our best to accommodate you. Appointment times are reserved for each client, so oftentimes we cannot exceed that reserved time. If you arrive more than 10

minutes late for your appointment time, your appointment may be shortened or cancelled if there is not enough time to complete the procedure.

Refund Policy:

At Agape Med Spa we work with each client to discuss treatment objectives and review likely outcomes, benefits and risks associated with each treatment. We offer individual treatment as well as significantly discounted treatment package options so each client may choose the approach that is best suited for their needs and budget.

Once services are purchased, they will not be refunded, however, to ensure our clients always receive the greatest experience unused service values (purchased price equivalent for the remaining amount of a treatment package) can be applied to any other service at Agape.

For Skin Care Products, all sales are final, however, should you have a skin reaction to one of the products, it can be returned for a full credit 7 days of purchase.

All injectable treatment sales (such as, but not limited to Botox, dermal fillers, laser treatments, facials, chemical peels,etc.) are final; refunds or credits cannot be offered once treatment is completed.

We will be honest in all our dealings with you. Aesthetics is not an exact science and how you may respond to a given treatment will vary from person to person. It is virtually impossible to predict results and therefore payments made for services are for treatments to be performed -- not for a specific result. However, we always strive to achieve the absolute best result that we can for you.

Thank you for allowing us to serve you!

Scheduling your appointment is your acceptance of these policies.