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 thatapply**)

- 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** _____

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 $50. 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 online, 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 **should you opt not to receive a medical treatment or 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 Polices 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.

Agapé MEDICAL SPAS

Skin Typing Questionnaire

This information will help our office better evaluate your skin type so the laser treatment will be more effective. Skin type is often categorized according to the Fitzpatrick skin type scale, which ranges from very fair (skin type 1) to very dark (skin type 6).
Skin type is determined genetically and is one of the many aspects of your overall appearance, which also includes the color of your eyes, hair, etc. The way your skin responds to sun exposure is another way of correctly assessing your skin type. Recent tanning, whether by the sun or an artificial tanning booth, even tanning creams, can have a major impact on your skin color evaluation.

Please take a few minutes to *circle* each statement that applies to you for each category (hair, eyes, skin and tanning ability).

SKIN TYPE	one 	two 	three 	four 	five 	six 
Hair	red, blonde	blonde, red, light brown	chestnut, dark blonde	brown, medium brown, dark brown	dark brown	black
Eyes	blue, grey, green	blue, grey, green, hazel	brown, blue, grey, green, hazel	hazel, brown	brown	brown
Skin	very pale white, pale white	pale white	white, light brown	medium brown, dark brown	dark brown	black
Tanning Ability	burns very easily, never tans	burns easily, rarely tans	sometimes burns, gradually tans	hardly ever burn, tans very easily	Rarely burns, tans easily and quickly darkens	Never burns, tans very dark

Name: _____ Date: _____
Comments:_____
_____
_____

For office use only:
Ethnicity:_____
Fitzpatrick Skin Type is: _____