

*Vibrance Medical Spa*  
*Intake Form*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please indicate your preferred method of contact: \_\_\_\_\_

If you are interested in receiving information from our spa regarding upcoming VIP events, monthly specials and educational information on health and beauty, please provide us with an email address.

Email: \_\_\_\_\_

1. What is the main reason you came in for this visit?

\_\_\_\_\_  
\_\_\_\_\_  
—

2. What aesthetic treatments and procedures, if any, have you had in the past?

\_\_\_\_\_  
\_\_\_\_\_

3. If you have previously had any aesthetic treatments or procedures, were you pleased with the outcome?

Yes    No

If no, in what way were you dissatisfied?

\_\_\_\_\_  
\_\_\_\_\_

4. Do you have any concerns about aesthetic treatments or procedures?

Yes  No

If yes, please identify your concerns:

---

---

5. Are you currently under the care of a physician for your skincare or aesthetic needs (i.e. botox, dermal filler, laser treatments, prescription skincare products)?  Yes  No

If yes, please explain

---

---

Please check the following medications and supplements that you are currently using:

Accutane

Retin-A

Steroids

Hydroquinone

Glycolic Acid

Lactic Acid

Salicylic Acid

Tetracycline

St. John's Wart

Blood thinners (Coumadin, Aspirin)

Flax seed oil

Omega-3's

Vitamin E

other \_\_\_\_\_

Do you wear contact lenses?  Yes  No

Have you had a chemical peel before?  Yes  No

If yes, what type of peel? \_\_\_\_\_

If yes, when was your last peel? \_\_\_\_\_

How do you tan? (Fitzpatrick Scale)

I – Always burn, never tan

II – Always burn, sometimes tan

III – Sometimes burn but always tan

IV – Never burn, always tan

V – Moderately pigmented skin

VI – Darkly pigmented skin

What is your nationality? \_\_\_\_\_

Do you have a history of acne or breakouts?  Yes  No

Do you “flush” or appear reddened easily when you eat spicy food, drink alcohol, get angry or go into the sun?  Yes  No

How often are you outdoors?

Frequently  Occasionally  Very Rarely

Please Explain \_\_\_\_\_

How often do you use a sunscreen?

Daily  Occasionally  Rarely  Never

How often do you use tanning beds?

Frequently  Occasionally  Rarely  Never

Have you or any member of your family had skin cancer?  Yes  No

How often do you experience blackheads or blemishes?

Frequently  Occasionally  Very rarely

Does your skin ever flake or feel tight and dry?

Frequently  Occasionally  Very rarely

Is your skin ever shiny, a few hours after cleansing?

Frequently  Occasionally  Very rarely

Does your skin appear fragile or thin?  Yes  No

Do you have any problems healing from a cut or burn?  Yes  No

Please check the following health problems you have currently or in the past:

- |  |  |
|--|--|
| <input type="checkbox"/> Neurological disorders          | <input type="checkbox"/> Vision problems                 |
| <input type="checkbox"/> Lupus                           | <input type="checkbox"/> Scleroderma                     |
| <input type="checkbox"/> Skin cancer                     | <input type="checkbox"/> Rosacea                         |
| <input type="checkbox"/> History or circulatory disorder | <input type="checkbox"/> Asthma                          |
| <input type="checkbox"/> Phlebitis                       | <input type="checkbox"/> Bruise easily                   |
| <input type="checkbox"/> Bleed easily                    | <input type="checkbox"/> Diabetes                        |
| <input type="checkbox"/> Depression / anxiety            | <input type="checkbox"/> History of deep vein thrombosis |

Do you have any other health problems not listed above?

Yes  No

If yes, please explain

---

---

---

Have you ever had a cold sore?  Yes  No

If yes, how often \_\_\_\_\_

For women only

Do you have regular periods?  Yes  No

Are you going through menopause?  Yes  No

Are you pregnant or lactating?  Yes  No

Are you trying to become pregnant?  Yes  No

## *Aesthetic Products, Treatments, and Procedures*

Please let us know which of the following aesthetic products, treatments, and procedures interest you. Please check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Topical wrinkle treatments        | <input type="checkbox"/> Skin rejuvenation              |
| <input type="checkbox"/> Facial vein correction            | <input type="checkbox"/> Sunscreen advice               |
| <input type="checkbox"/> Dermal fillers                    | <input type="checkbox"/> AHA & glycolic peels           |
| <input type="checkbox"/> Neuromodulators (Botox & Dysport) | <input type="checkbox"/> Chemical peels                 |
| <input type="checkbox"/> Laser Treatments                  | <input type="checkbox"/> Dermasweep                     |
| <input type="checkbox"/> Leg vein correction               | <input type="checkbox"/> Acne treatment & products      |
| <input type="checkbox"/> Birthmark correction              | <input type="checkbox"/> Professional skincare products |
| <input type="checkbox"/> Liver spot / Age spot correction  | <input type="checkbox"/> Mineral makeup                 |
| <input type="checkbox"/> Hair removal                      | <input type="checkbox"/> Permanent cosmetics            |
| <input type="checkbox"/> Other (please specify): _____     |   |
- 
- 

Please let us know which, if any, of the following cosmetic surgery procedures interest you. Please check all that apply.

- Abdominoplasty (tummy tuck)
- Blepharoplasty (upper &/or lower eyelid surgery)
- Breast Augmentation
- Facelift
- Laser Resurfacing
- Liposuction
- Rhinoplasty
- Other: \_\_\_\_\_

# *Vibrance Medical Spa*

## *Spa Policies*

### Returns:

It is our goal to offer our clients the highest quality skin care products, however, if you are not satisfied with a product, please let our staff know. Products may be returned with a receipt within 30 days of purchase. We will exchange them or you may have a spa credit.

### Cancellations & No Shows:

We need a 24 hour notice to cancel an appointment with no charge. Our staff are highly trained experts who strive to bring you the best quality of service possible. When we reserve a time for you we are also turning away others who might want your spot. If you cancel with less than 24 hours notice, we still need to compensate our staff for their time.

We know that things "come up". Your business is important to us and we want to have a long term relationship with you. So, in the event of a cancellation or that violates our policy; we will charge 25% of the value of scheduled service, no shows will be charged 50% of the scheduled service, and there will be a \$50 charge for consultations. The good news is that we will allow you to use 100% of the fee toward your next appointment, booked within 3 months of the original one. If you fail to appear for your next appointment and did not cancel with us beforehand at all you will be responsible for 100% of the services that would have been rendered. Again, you may re-use 100% of this cancellation fee towards another appointment that you schedule and honor within 3 months of the original appointment.

### Discounts & Spa Savings:

We do not combine discounts. We will be sure that you get the greatest discount that applies to treatments and/or products. We will accept Spa Finders gift certificates on full price services and products.

### Cell Phones, Children under 12, and Pets:

Part of a "Spa" experience is that you are enjoying a place without worldly worries and woes. For the greater enjoyment of all, we ask that you leave all potential sources of intrusion at home. (Because we have an accredited operating room in the building we must insist that even purse pets stay home.)

I consent to the spa policies listed above. I am satisfied with the explanations.

---

Patient or Person Authorized to Sign for Patient

Date

*Vibrance Medical Spa  
3180 Bell Rd., Suite 300  
Auburn, Ca. 95603  
(530)885-3121*

*Photographic Consent*

I hereby voluntarily grant permission to Dr. Freed or Vibrance Medical Spa and/or their designated employees to take and use any pre and post procedural photos of myself for purposes of record, education, publications, as well as assisting others in making their aesthetic treatment decisions. Any of these uses may be eliminated from this form.

I further understand that no form of compensation shall become payable to me for the use of these photographs.

I hereby release Freed Plastic Surgery and its agents from any and all claims and demands arising out of or in conjunction with the use of these photographs.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

I hereby certify that I am a parent or the person legally responsible as the guardian of the above, a minor person, and that I also hereby provide authorization and grant the releases described above in this document.

\_\_\_\_\_  
Parent/Legal Guardian Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

*PATIENT CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION*

I hereby give my consent for Freed Plastic Surgery, and/or Vibrance Medical Spa to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare options (TPO).\*

I have the right to review the Notice of Privacy Practices prior to signing this consent. Freed Plastic Surgery and Vibrance Medical Spa reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Freed Plastic Surgery and/or Vibrance Medical Spa's Privacy Officer at 3180 Bell Road Suite 200, Auburn, CA 95603

With this consent, Freed Plastic Surgery or Vibrance Medical Spa may call my home or another alternative location and leave a message on voice mail or in person in reference to any items that may assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory results among others.

With this consent, Freed Plastic Surgery and/or Vibrance Medical Spa may mail to my home or another alternative location, any items that may assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked "Confidential".

I have the right to request that Freed Plastic Surgery and/or Vibrance Medical Spa restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to Freed Plastic Surgery and/or Vibrance Medical Spa's to use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Freed Plastic Surgery and/or Vibrance Medical Spa may decline to provide treatment to me.

---

Signature of Patient or Legal Guardian

---

Patients Name or Legal Guardian Printed

---

Date

\*Freed Plastic Surgery's Notice of Privacy Practices provides a more complete description of such uses and disclosures for patients that are interested in more detailed information.