

Vibrance Medical Spa Wax Intake Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____

How were you made aware of our Medical Spa?

Phone book

Current Client of Vibrance Medical Spa

Website

Patient of Freed Plastic Surgery

Mailer

Referred by: _____

Would you like to hear about monthly specials or new products or procedures or aesthetic services? (i.e. laser hair removal, photo facial, botox, etc.)

Yes No

Are you currently using any of the following?

Accutane

Retin – A

Hydroquinone

Tetracycline

Glycolic Acid

Salicylic Acid

Hypersensitivity and Skin Fragility

Specify any known allergies: _____

Do you “flush” or appear reddened easily when you eat spicy food, drink alcohol, get angry or go into the sun?

Yes No

Have you ever seen a dermatologist or plastic surgeon for your skin?

Yes No

If yes, when and why?: _____

Have you ever had a chemical peel before?

Yes No

If yes, what type of peel and when was the last peel you had?

—

Ability to Heal

Does your skin appear fragile or burn easily?

Yes No

If yes, please explain _____

Have you ever had a cold sore?

Yes No

If yes, please explain frequency _____

Skin Care

What is your skin care routine and what products do you use?:

Do you use a self tanner?

Yes No

Do you go to a self-tanning mystic tan?

Yes No

Technician Signature

Date