La Fleur Medi Spa & Aesthetics
830 Broad St Suite 2, Shrewsbury, NJ 07702
732.747.2600

Name _____ DOB _____ Age _____

Address _____

City _____ State _____ Zip _____

Cell _____ Home _____ Cell Carrier _____

Email _____

Preferred Language _____ Occupation _____

Race _____ Ethnicity _____ Gender _____

Emergency Contact

Name _____ **Relationship** _____

Cell Number _____ **Home #** _____ **Work #** _____

- ❑ **OK to leave a message with emergency contact**
- ❑ **Other contact Name** _____ **Phone #** _____

How did you hear about us? _____

What is the nature for your visit today? _____

_____

What areas of concern do you have? _____

Consent to Communicate

Please mark the ways that you consent to us communicating with you :

Method	OK to Leave Voicemail	OK to Leave a Message with Another Person	Preferred Contact Method	Best Time to Call*
❑ Call Cell Phone	YES NO	YES NO	❑	
❑ Call Home Phone	YES NO	YES NO	❑	
❑ Send Email	❑ Email Medi Spa Specials ❑ Email Appointment Reminders ❑ Email Medical Information		❑	
❑ Send Regular Mail	❑ Mail to Home ❑ Other _____		❑	
❑ Send Text Message	❑ Text Appointment Reminders ❑ Text Medi Spa Specials		❑	

Medical History

Are you currently under the care of a physician? Yes / No (If yes please explain) _____

_____

Have you ever had surgery? (Explain/Year)_____

Have you been advised to or had psychiatric care?(Explain) _____

Pregnancy History _____ Are you Pregnant /Lactating? _____

Birth Control Pills? _____ Hormone Replacement? _____

Circle any of the following you have experienced:

Autoimmune Disease / History of Anaphylaxis / Amyotrophic Lateral Sclerosis (ALS) / Asthma / Diabetes / Epilepsy

Eaton Lambert Disorder / Eye Disease / Hepatitis / Herpes / High Blood Pressure / Hives / Lupus / Numbness

Myasthenia Gravis / Muscle Weakness / Pacemaker / Defibrillator / Immunosuppressive Therapy / Vision Problems

Migraines / Delayed Wound Healing / Keloids / Acne / Rosacea / Tuberculosis / Thyroid

Active Inflammatory Process Infection (at proposed injection site/skin infection): _____

History of bleeding disorders (e.g. coagulopathies or use of anticoagulants): _____

All Current/History of Cancer (e.g.skin cancer, pre-malignant moles): _____

Skin Diseases/Disorders: _____

Metal Implants (e.g. bone, pins, plates): _____

Any Other Medical Diseases: _____

History of Allergies _____

_____

List All Medications/Supplements _____

_____

Use of medications/ herbs inducing photosensitivity (e.g. Isotretinoin, tetracycline,St.John's Wort) _____

- ❑ I am not on **Aminoglycosides** or any other antibacterial medication to treat bacterial infections (Explain if you are) :

_____

Do you drink alcohol? _____ How often? _____ Do you smoke? _____ How often?_____

Do you often experience stress? _____ Do you wear contact Lenses? _____

Previous Hospitalizations/Operations:
I understand the information on this form is essential to determine my medical and cosmetic needs and the provision of treatment. I understand that if any changes occur in my medical history/health I will report it to the office as soon as possible. I have read and understand the above medical questionnaire. I acknowledge that all answers have been recorded truthfully and will not hold any staff member responsible for any errors or omissions that I have made in the completion of the form.

PREGNANCY, ALLERGIES
I am not aware that I am pregnant, have any significant Medical diseases, or have any severe allergies.

PAYMENT
I understand that this procedure is cosmetic and that payment is my responsibility. I hereby voluntarily consent to treatment.
The procedure has been explained to me. I have read the above and understand it. My questions have been answered satisfactorily.
I accept the risks and complications of the procedure.

I have read this questionnaire and disclosed my medical history to the best of my knowledge.

_____ _____

Patient Signature Date

Skin Type (when exposed to the sun without protection for about 1 hour)

Always burns, never tans

Always burns, sometimes tans

Sometimes burns, sometimes tans

Always tans

Do you have tanned skin? _____

When were you last exposed to the sun (including tanning booth)? _____

Do you use chemical sun tanning lotions? _____

Are you planning a holiday in the sun? _____

Have you had injections/Fillers(please explain) ? _____

Have had facial laser resurfacing/ deep chemical peeling, last 3 months? _____

Needle epilation, waxing, tweezing or threading in the last 6 weeks? _____

Tattoos or permanent makeup? _____