

# MEDICAL HISTORY FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_  
Which Social Media Platforms do you use? \_\_\_\_\_

## SKIN AND HEALTH EVALUATION

1. Do you have ANY current or chronic medical illnesses we should know about? \_\_\_\_\_
2. Are you currently under a doctor's care? If so, for what reason? \_\_\_\_\_
3. Do you take/use ANY medications, herbal or natural supplements or topical on a regular basis? \_\_\_\_\_
4. Are you allergic/sensitive to **milk** \_\_\_ **apples** \_\_\_ **citrus** \_\_\_ **grapes** \_\_\_ **aloe vera** \_\_\_  
**Aspirin** \_\_\_ **perfumes** \_\_\_ **latex** \_\_\_ **hydroquinone** \_\_\_ **mushrooms** \_\_\_?
5. Do you have any other allergies? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Are you pregnant or lactating? \_\_\_\_\_
7. Are your menstrual periods regular? \_\_\_\_\_
8. Do you have permanent makeup? \_\_\_\_\_
9. Do you currently have a sunburn, windburn and/or an irritated face? \_\_\_\_\_
10. Do you have Rosacea? \_\_\_\_\_
11. Do you have any active forms of dermatitis, eczema or psoriasis on the area(s) that is/are to be treated? \_\_\_\_\_
12. Do you have a tendency to scar or form keloid scars? \_\_\_\_\_
13. Are you in the habit of sun bathing or going to tanning booths? \_\_\_\_\_ If yes, when last? \_\_\_\_\_
14. Have you recently been waxed or used a depilatory such as Nair? \_\_\_\_\_
15. Are you currently using any medication to treat any conditions of the skin? If yes, what for and how often? \_\_\_\_\_
16. Are you using Accutane or have you been on it within the past 6 months? \_\_\_\_\_
17. Have you had a chemical peel or any type of procedure with a medical device (i.e. microdermabrasion) within the past 30 days? \_\_\_\_\_
18. Do you have regular dermal filler and/or Botox injections? \_\_\_\_\_
19. Have you recently had facial surgery? \_\_\_\_\_
20. Do you smoke? \_\_\_\_\_ Do you consume alcohol? \_\_\_\_\_ If yes, how much per week? \_\_\_\_\_
21. Do you develop cold sores/fever blisters? \_\_\_\_\_
22. Have you ever used products that cause a bad reaction? \_\_\_\_\_ If so, what did you use? \_\_\_\_\_
23. Do you wear contact lenses? \_\_\_\_\_
24. Describe your skin (i.e. dry, oily, combination) \_\_\_\_\_
25. Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ SkinTone: \_\_\_\_\_
26. What is your hereditary background (i.e., German, French, etc.) \_\_\_\_\_
27. What are the improvements you are looking to achieve with your treatments here? \_\_\_\_\_
28. What skin care products are you currently using in your daily regimen? \_\_\_\_\_

I confirm that the answers I have given are correct and that I have not withheld any information that may be relevant to my treatment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Client Treatment Consent and Release

The client indicated below also agrees to forever hold harmless and release from any and all liability, claims, or demands of any kind or nature related to the transmission of any disease, condition or illness including but not limited to COVID-19 they may allege to have contracted or been exposed to as the result of any treatment, person, or visit to Skinology Medical Spa.

X \_\_\_\_\_

Client Signature

\_\_\_\_\_

Date

X \_\_\_\_\_

Witness Signature

\_\_\_\_\_

Date

## **SKINOLOGY APPOINTMENT, LATE ARRIVAL & CANCELLATION POLICIES**

ALL OF THE STAFF AT SKINOLOGY VALUE AND RESPECT YOUR TIME AND EXPECT THE SAME IN RETURN. WE WANT YOUR EXPERIENCE AT SKINOLOGY TO MEET AND EXCEED YOUR NEEDS. AS SUCH, WE HAVE POLICIES IN PLACE TO PROTECT YOUR TIME AND OURS.

IF YOU ARE A NEW CLIENT OR AN EXISTING CLIENT RECEIVING A NEW SERVICE, PLEASE ARRIVE AT LEAST 10 MINUTES EARLY TO FILL OUT ANY NECESSARY PAPERWORK. WE WANT YOU TO BE ABLE TO RELAX AND HAVE PLENTY OF TIME TO CONSULT WITH THE AESTHETICIAN OR THE PHYSICIAN AND NOT FEEL RUSHED.

WE WANT YOU TO HAVE THE ALLOTTED TIME AVAILABLE SO THAT YOU RECEIVE THE UTMOST CARE. SHOULD YOU ARRIVE LATE, WE MAY HAVE TO RESCHEDULE YOUR APPOINTMENT.

IF YOU ARE A NEW CLIENT YOUR APPOINTMENT WILL BE SECURED WITH A CREDIT CARD TO ENSURE THAT YOUR APPOINTMENT IS ESTABLISHED AND THAT YOU WILL BE SEEN PROMPTLY. WE WILL TRY TO CONTACT YOU THE DAY BEFORE AS A FRIENDLY REMINDER, HOWEVER, IT IS YOUR RESPONSIBILITY TO ARRIVE ON TIME FOR YOUR APPOINTMENT.

AS A COURTESY, PLEASE REMEMBER TO CALL US AS SOON AS YOU KNOW THAT YOU WILL BE UNABLE TO MAKE YOUR SCHEDULED APPOINTMENT AND WE'D BE HAPPY TO REBOOK IT FOR YOU.

IF YOU FAIL TO KEEP YOUR APPOINTMENT AND DO NOT CALL 24 HOURS PRIOR, A CHARGE WILL BE BILLED TO YOUR CREDIT CARD ON FILE.

IF YOU ARE AN EXISTING PATIENT AND HAVE HAD TWO (2) NO SHOWS OR CANCELLATIONS WITH LESS THAN 24 HOUR NOTICE, YOU WILL BE REQUIRED TO SECURE FUTURE APPOINTMENTS BY PUTTING A CREDIT CARD ON FILE WITH US.

IF YOU FAIL TO GIVE US 24 HOURS NOTICE TO CANCEL OR RESCHEDULE YOUR APPOINTMENT A CHARGE WILL BE BILLED TO YOUR CREDIT CARD ON FILE. THE FOLLOWING ARE OUR FEES:

APPOINTMENT W/DR. ROCKER OR ESTHETICIAN    \$50  
NO SHOWS    \$50 FEE

WE APPRECIATE YOUR UNDERSTANDING AND COOPERATION REGARDING THESE POLICIES.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE:

**PATIENT COPY PLEASE KEEP**

## **What you should know about Botox**

Botox is the trade name for the injectable medication, Botulinum toxin.

Used in minute quantities, it has been successfully treated for facial spasms, double vision, and vocal cord spasms.

Over the past decade, it has been used to diminish “dynamic” wrinkles such as those that are created when we smile or frown.

Botox is not used for “static” wrinkles (those that are apparent at rest.)

Botox works by weakening the specific muscle into which it is injected.

It may take up to two weeks before the Botox takes full effect.

The effects of Botox are temporary. It usually lasts between 3-4 months.

To maintain the effect, it requires repeated injections. It has been found that over time, the effects of Botox last longer.

There are side effects:

- Bruising and swelling may occur. This is temporary.
- Asymmetry of facial expression may occur. This is reversible.
- Drooping of an eyelid may occur when injecting the glabella frown lines. This is reversible.
- Drooping of an eyebrow may occur when injecting the forehead. This is reversible.

## Botox Post Injection Instructions

1. Remain upright for 4 hours after injection.
2. DO NOT massage or manipulate sites for 48hrs after injection.
3. DO NOT use Clarisonic facial brush for 5 days after injection.
4. DO NOT exercise for 24hrs after injection.
5. Exaggerate facial expressions for 1 hour after injection.
6. DO NOT take ibuprofen, aspirin, or vitamin E 24hrs after injection.
7. Results are expected within 3 to 10 days after injection.
8. Call the office immediately if you experience any problems.

Patient Signature: \_\_\_\_\_ Date \_\_\_\_\_

Witness: \_\_\_\_\_ Date \_\_\_\_\_

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Patient Signature: \_\_\_\_\_ Date \_\_\_\_\_

Witness: \_\_\_\_\_ Date \_\_\_\_\_

## BOTOX CONSENT

Botox is a trade name for the injectable serum; dilute Botulinum toxin, used successfully for more than a decade in children and adults to correct facial muscle spasms (“tics”), and double vision due to muscle imbalance. Skinology uses this special serum to soften frown and smile lines, as well as the treatment of hyperhidrosis. Minute amounts of Botox relax and weaken those facial muscles responsible for the wrinkles that come and go when we smile, laugh or frown. Although side effects and complications have been minimal, the following may occur:

- The effects of Botox wear off between 3 and 12 months. Repeated treatments will be necessary for continued satisfaction.
- Mild bruising or swelling at the injection site can occur but will resolve within 1-2 weeks. Be certain to let us know if you are taking aspirin, blood thinners, or if you have a bleeding disorder.
- Infection is a theoretical risk with any injection, but significant infection has not been reported, despite tens of thousands of injections performed over the past decade.
- “Laugh lines” or “crow’s feet” are the fine wrinkles that radiate out from the corners of the eye. Since Botox is placed near muscles involved in smiling, asymmetry of facial expression may occur, because the treatment effect is temporary, it will completely resolve over several weeks.
- Forehead lines are caused by the muscle which goes across the forehead. Botox may move somewhat irregularly across the muscle, causing asymmetry or dropping of the eyebrows or lids. If drooping occurs, it resolves by itself.
- Patients with neurological disorders such as myasthenia gravis may not be appropriate candidates for Botox therapy. You should notify us if you have been diagnosed or treated for this or other neurological conditions.

Because there is a variation of skin structure from person to person, no guarantee can be made about the possible outcome in any individual case or that your response to the injections will be the same each time you receive them. The side effects mentioned above could theoretically occur with any of your injections.

Skinology has a specific pricing structure for Botox treatments. A standard treatment fee will be charged. If you require a touch-up within 30 days of your treatment, the doctor will review your chart and an additional fee may be incurred. Beyond 30 days, the standard treatment fee will be in effect.

My signature certifies that I have discussed the above information with my doctor and I have read and understood the handout entitled “What to Expect with Botox.” I understand the goals, limitation and possible complications of Botox treatment and wish to proceed with it. All my questions have been answered and alternatives discussed. I also understand that the use of Botox is an “off label” indication of this FDA-approved material. I authorize and direct the doctor, physician’s assistant, registered nurse and/or their associate to perform this treatment on me.

Patient \_\_\_\_\_ Date \_\_\_\_\_

## Cosmetic Filler Pre and Post Treatment Instructions

Skin filler treatment involves the injection of highly purified, individualized doses of hyaluronic acid (Juvederm®) into unwanted skin folds, creases, lines, and wrinkles. The skin filler acts by superficially “filling” in and simply smoothing out unwanted skin lines with a biologically natural product.

### Pre-Treatment

1. For one week before treatment, start taking Arnica to help prevent bruising. Please avoid the following medications: Aspirin, Advil, Motrin, Ibuprofen, Aleve, Naprosyn, Excedrin (all OTC pain pills except Tylenol), Vitamin E, Gingko Biloba, Omega-3 fatty acids (fish oils), cod liver oil, CoQ10, garlic, and ginger.
  - a. If you are taking any blood-thinning medications as per doctor’s orders (such as Coumadin, Warfarin, Plavix, Lovenox), do not discontinue without first consulting the prescribing physician. If you continue to take these medications the chances of developing an injection-related hematoma (blood clot) which can leave a dark spot if it becomes entrapped in the filler implant is higher. The dark spot may remain until the filler is naturally dissolved.
2. To decrease bruising you can apply ice to the face for about 10-30 minutes before injection.
3. Do not schedule any social events for the next 3-7 days as you may have bruising and/or swelling from your treatment. If you take Arnica and ice the treated area, bruising will be decreased.
4. Arrive for your appointment wearing no makeup if possible. You will be able to apply makeup after your treatment although we recommend waiting at least 24 hours.

### Post-Treatment

1. Keep the treated areas clean. Light make-up coverage is acceptable if desired. Again best practice is to wait 24 hours before applying makeup.
2. You may apply ice for 5 minutes every ½ hour if there is any pain or swelling. Any bruising will eventually resolve on its own, typically within one to two weeks.
3. If post-injection bruising is noticed, consider using Arnica, which has been shown to rapidly relieve and even prevent bruising. Arnica is available for purchase at a health food store and is safe.
4. As always, wear at least SPF 30 sun block when appropriate and try to avoid exposure to intense, direct sunlight and heat (example: sun lamp, steam, sauna) for at least two to three days from treatment day.
5. Do NOT take aspirin containing products or the medications listed in the pre-treatment for the next 24 hours. These agents may increase bruising/bleeding at the injection site. Tylenol may be taken.
6. Avoid alcohol intake beyond a single drink, glass of wine, or beer for approximately 24 hours after treatment. You may sleep with an extra pillow if desired to minimize swelling overnight.
7. As always, tobacco and illicit drugs are discouraged.
8. It is best to wear no makeup or lipstick until the next day. Earlier use can cause pustules.
9. One side may heal faster than the other. You may have bumps or nodules of filler under the skin that can last 4-8 months after the injection. If they are particularly troublesome you can massage them, we can also give a small injection to help dissolve them faster.
10. If there is any leftover product, it must be used within 2 months of opening to avoid contamination.
11. Keep in mind that evidence shows that having a follow-up treatment before the product has fully dissipated tends to enhance the lasting effect of skin fillers.
12. Wait at least a week (preferably 2-3 weeks) after your injection before having other procedures done in the same anatomic area: example: microdermabrasion, laser treatment, chemical peel, etc....
13. Please notify us with any further concerns/questions. Note that you can optionally schedule a follow-up visit to evaluate results after the initial swelling has dissipated. Typically, hyaluronic fillers can be reshaped for up to two weeks post-injection.



# Juvederm® INFORMED CONSENT

## Indications.

Juvederm® is a sterile gel consisting of stabilized hyaluronic acid; Allergan, the manufacturer, states that it is biodegradable, and safely and completely metabolized by the body. Juvederm® injections are given to correct facial wrinkles, folds and/or for lip augmentation. Juvederm® has been approved by the FDA (Food and Drug Administration) I understand that the safety and effectiveness of treating facial areas other than the nasolabial folds has not been studied; however, Juvederm® has been used to enhance the appearance of lips and wrinkles in over 60 other countries. This “off-label” aspect of the treatment has been explained to me.

Alternatives. There are alternatives to Juvederm® injections, including no treatment, collagen for lip or other facial soft tissue augmentation, and cosmetics, Botox, laser skin resurfacing, chemical peels, or plastic surgery for wrinkle reduction.

Results. I understand that the actual degree of improvement cannot be predicted or guaranteed. Furthermore, I understand that the effect will gradually wear off and additional treatments may be necessary to maintain the desired effect. I understand that treatments can last anywhere from 6 months to two years. I understand that more than one injection may be needed to achieve a satisfactory result.

## Risks and Complications

It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to:

- 1) Post treatment discomfort, swelling, redness, bruising, discoloration, tenderness, and itching (These symptoms are usually mild and typically last a few days but can last up to a few months. In rare cases, bruising can last several months and even be permanent.)
- 2) Post treatment bacterial, viral and/or fungal infection associated with any transcutaneous injections which in most cases are easily treatable but in rare cases a permanent scarring in the area can occur.
- 3) Allergic reaction. As with any product, allergies can develop during or after injection.
- 4) Injection into the lip area could cause recurrence of Herpes simplex (facial cold sores) for patients with a history of prior cold sores.
- 5) Lumpiness, visible yellow or white patches in approximately 20% of cases
- 6) Granuloma formation
- 7) Localized Necrosis and/ or sloughing, with scab and/or without scab if blood vessel occlusion occurs.
- 8) Scarring

Precautions and contraindications

- Due to the potential for an allergic reaction, Juvederm® is not recommended for patients with severe allergies or a history of anaphylaxis.
- The risk of bruising or bleeding may be increased by medications with anticoagulant effects, such as aspirin and nonsteroidal anti-inflammatory drugs (e.g., Ibuprofen, Aleve, Motrin, Celebrex), high doses of Vitamin E, and certain herbs (Ginkgo Biloba, St. John’s Wart, fish oil).
- The safety of Juvederm® in pregnant or breast-feeding women has not been established, and is therefore not recommended for these women.

# Consent

I understand the need for local anesthesia to reduce the discomfort of the procedure and consent to the topical application of anesthetic gel and/or injections for a nerve block or local infiltrative anesthesia. I understand the above, and have had the risks, benefits, and alternatives explained to me, and have had the opportunity to ask questions. No guarantees about results have been made. To the best of my knowledge, I am not pregnant, and I am not breastfeeding. I give my informed consent for Juvederm® injections today as well as future treatments as needed. If you are under 18 years of age we require a signature of a parent or legal guardian. I will follow all aftercare instructions as it is crucial for proper healing to take place. By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent Juvederm® treatments with the above understood. I hereby release the doctor, the person injecting the Juvederm® and the facility from liability associated with this procedure. I have received and understand the pre /post care instructions.

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Print Name

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Signature

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Date

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Skinology Representative