

# VITA NOVA MEDICAL SPA

9401 CENTREVILLE ROAD, SUITE 203

MANASSAS, VA 20110

703-361-3232

## SKINCARE HISTORY QUESTIONNAIRE AND WAIVER

Please answer the following questions so that Vita Nova Medical Spa may have a better understanding of your general health and lifestyle, thereby enabling our office to accurately analyze and assess your skin care needs.

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

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

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Best Phone Number To Reach You: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Referred By: \_\_\_\_\_

### HEALTH HISTORY

What type of work do you do? \_\_\_\_\_

Have you seen a Dermatologist in the past year? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list Dermatologist's name, contact info and reason for visit \_\_\_\_\_

Are you presently under a Physician's care? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list Physician's name and reason for visit \_\_\_\_\_

Are you currently taking any medications? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list \_\_\_\_\_

How is your general health? \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

Please rate your stress level from 1-5 (5 being the highest): \_\_\_\_\_

Please circle the following conditions you have or had experienced:

Hypertension	Cold Sores	Anemia	Cancer	Seizures	Headaches
Metal plate	Hernia	Lupus	Thyroid disorders	Eating disorders	Asthma
Diabetes	Stroke	Irregular pulse	High Cholesterol	Heart Attack	Hepatitis
Fainting	Contact Lenses	Claustrophobia	Varicose Veins	High/Low Blood Pressure	Epilepsy

Do you take nutritional supplements? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you exercise? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a tendency to scar? Yes \_\_\_\_\_ No \_\_\_\_\_

#### **Allergies:**

Have you ever had an allergic reaction to any of the following:

Aspirin or Salicylates Yes \_\_\_\_\_ No \_\_\_\_\_

Grapes Yes \_\_\_\_\_ No \_\_\_\_\_

Fish, marine or iodine allergies Yes \_\_\_\_\_ No \_\_\_\_\_

Latex Yes \_\_\_\_\_ No \_\_\_\_\_

Citrus Yes \_\_\_\_\_ No \_\_\_\_\_

Ingredients in skincare products Yes \_\_\_\_\_ No \_\_\_\_\_

Apples Yes \_\_\_\_\_ No \_\_\_\_\_

Milk Yes \_\_\_\_\_ No \_\_\_\_\_

If checked yes to any of the above, please explain \_\_\_\_\_

Please list any other known allergies: \_\_\_\_\_

Have you ever had Herpex Simplex? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, have you ever been treated with Denavin® (Penciclovir), Zovirax® (Acyclovir) or Abreva?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Are you being treated for Hepatitis? Yes \_\_\_\_\_ No \_\_\_\_\_

**Female Clients Only:**

Are you on hormone replacement therapy? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you presently taking birth control pills? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you pregnant or nursing? Yes \_\_\_\_\_ No \_\_\_\_\_

**SKINCARE HISTORY**

Are you currently having skin treatments? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what type of treatment (s) \_\_\_\_\_

Please check if you are presently using or have used in the past any of the following:

- |  |  |
|--|--|
| <input type="checkbox"/> Benzoyl Peroxide (BP) | <input type="checkbox"/> Sulfur              |
| <input type="checkbox"/> Glycolic Acid (AHA)   | <input type="checkbox"/> Vitamin A           |
| <input type="checkbox"/> Lactic Acid (AHA)     | <input type="checkbox"/> Vitamin C           |
| <input type="checkbox"/> Resorcinol            | <input type="checkbox"/> Hydrocortisone (HC) |
| <input type="checkbox"/> Salicylic Acid (BHA)  | <input type="checkbox"/> Hydroquinone (HQ)   |

Do you have or have you had any of the following in the last 14 days?

- |  |  |
|--|--|
| <input type="checkbox"/> Facial Cosmetic Surgery | <input type="checkbox"/> Chemical Exfoliation (Peels)        |
| <input type="checkbox"/> Botox Injections        | <input type="checkbox"/> Extractions                         |
| <input type="checkbox"/> Collagen Injections     | <input type="checkbox"/> Permanent cosmetics                 |
| <input type="checkbox"/> Fillers                 | <input type="checkbox"/> Waxing                              |
| <input type="checkbox"/> Light Treatments        | <input type="checkbox"/> Laser Hair Removal                  |
| <input type="checkbox"/> Laser Resurfacing       | <input type="checkbox"/> Hair Treatments (perm, color, etc.) |
| <input type="checkbox"/> Microdermabrasion       |  |

**Other** \_\_\_\_\_

**Home Care:**

What skincare products are you currently using at home?

- |                   |                          |
|-------------------|--------------------------|
| Cleanser _____    | Vitamin C _____          |
| Toner _____       | Exfoliants/Scrubs _____  |
| Moisturizer _____ | Specialty Products _____ |
| SPF _____         | Mask _____               |

**Please check if you are presently experiencing or have experienced any of the following:**

- Skin Cancer
- Dermatitis
- Keloid Scarring
- Acne
- Rosacea
- Broken Capillaries
- Treatment Reactions
- Hypopigmentation
- Hyperpigmentation



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**Payment Policies of Vita Nova Medical Spa**

Vita Nova Offers three basic ways to pay for those services that require multiple visits over a period of weeks or months (such as laser hair reduction, which must be done for five sessions separated by four or five weeks).

- 1) You can purchase a package, which means that you pay for all of the treatment sessions in advance. In exchange for paying in advance, Vita Nova offers a 'package rate' that amounts to a significant savings over the cost of paying at the time of service for each individual treatment. A second advantage of this method of payment is that if, at the end of your treatment series, it is judged that you could benefit from an extra treatment, you will be offered one at no cost.
- 2) You can pay for each individual treatment session on the day that the service is provided. *As noted, the total cost of a series of treatments will be higher with this option, and any 'extra' treatments must be paid for.*
- 3) You can apply for CareCredit. This application can be done in our office or from your home, and an answer will in most cases be given immediately. If approved, you can get an immediate loan with no interest for six months. If you use the loan proceeds to purchase a package, you get the price advantage of the 'package rate', and yet avoid credit card interest charges, assuming you pay off the loan within six months.

There is a returned check fee of \$50.00.

Payment for all services and products is non-refundable, but may be exchanged by you or designee of your choice for other services or products offered by Vita Nova Medical Spa. In the case of products, they must be unopened to be accepted for exchange. In the case of unused treatments that were originally purchased as part of a package, the amount of exchange credit given will be pro-rated in proportion to the number of treatments unused.

I understand and agree to abide by the payment policies of Vita Nova Medical Spa.

Signed: \_\_\_\_\_

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

Revised 3/4/10