



www.novamedspa.com

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Medical Health History Form

Date: _____

Name: _____

Address: _____

E-mail address: _____

- Yes, send my appointment confirmations via email
- No, do not use my email to send confirmations

Date of Birth: _____ Age: _____ Female Male

Referred By:

- Friend (Name) _____ • Employee (Name) _____
- Newspaper/Magazine (Name) _____ • Public Event (Name) _____
- Internet _____ • Spa Finder _____
- Patient of Nova Medical Group _____ • Business (Name) _____
- Other _____

Contact Phone Numbers:

(H): _____ (W): _____ (C): _____

Occupation _____

Are you currently taking any medications? *(Please list if any, and reason for use)*

Health History: (Check those that apply)

- AIDS/HIV
- Allergies _____
- Asthma
- Bone Injury _____ Rods/Pins/Fusions _____
- Cancer
- Circulation problems/blood clots
- Cold/Flu in the last 7-10 days
- Digestive Disturbances
- Diabetes/Gestational Diabetes
- Easy bruising
- Epilepsy/seizures
- Fatigue
- Fibromyalgia
- Muscle pain or spasms
- Heart problems
- Headaches/migraines
- Hepatitis/other infections
- High/Low blood pressure
- Infection _____
- Insomnia/sleeping problems
- Joint injury _____
- Menopausal symptoms
- Pregnancy/Pregnant: Due Date: _____ Nursing
- Recent Surgery _____
- Skin condition _____
- Spinal problems _____
- Stroke
- Swelling
- Tumors/growths
- Varicose veins
- Whiplash
- Other _____

Are you currently under a Doctor or Therapist's care? Yes No

Is there anything else our providers should know about?

Do you smoke regularly? Yes No

Do you have any metal implants? Yes No Where? _____

Do you participate in any vigorous aerobic activities or sport? Yes No

How Often: _____ x per week.

Have you ever had cold sores / herpes / keloids? Yes No

How Often: _____ Last Breakout: _____ Area of Breakout: _____

Do you wear contact lenses? Yes No

Remove contacts prior to microdermabrasion if eyes are sensitive

Do you wear sunscreen on a regular basis? Yes No

Have you visited a tanning booth in the past week? Yes No

If so, your service may need to be rescheduled

Are you currently using Accutane? Yes No How Long? _____

Do you currently use wax, electrolysis, or depilatories on your face? Yes No

If so, when was your last treatment? _____

Have you had any of the following?

Microdermabrasion? Yes No If so, when? _____

Chemical Peel? Yes No If so, when? _____

Laser Resurfacing? Yes No If so, when? _____

Collagen or Botox? Yes No If so, when? _____

Facial Surgery? Yes No If so, when? _____

Do you have permanent makeup? Yes No

To help us determine a facial regimen suitable to you, describe your skin type: (Check those that apply)

Thick Thin Saggy Firm Sensitive Resilient Normal Dry

Rosacea Eczema Oily Acne Prone to Breakouts Acne Scarred

Psoriasis T-Zone / Combination Large Pores Small Pores

Freckled / Sun Damaged Unevenness Melasma Broken Capillaries

Mature / Wrinkled Hypo / Hyper-Pigmentation

What Improvements would you like to see in your skin?

What products do you currently use on your skin?

Consent Agreement

I affirm that I have stated all my known medical conditions and answered all questions honestly.

I agree to keep the provider updated as to any changes in my medical profile and understand that there shall be no liability to *The Medical Spa at Nova* should I fail to do so.

Signature _____ Date _____

Consent to Treatment of a Minor

By my signature below, I hereby authorize a Certified Massage Therapist / Board Certified Aesthetician here at *The Medical Spa at Nova* to administer body work therapy techniques to my child or dependent as they deem necessary.

Signature _____ Date _____

Relation to Minor: _____

Cancellation Policy

We require at least a **24-hour Notice** for cancellations or changes for all scheduled services.

If *The Medical Spa at Nova* is not notified at least 24 hours prior to scheduled services, you will be considered a "no show" and will be charged the **full price** of your missed service. If you are late for your scheduled service, your service will be shorten and you will be charged the full price of your scheduled service. The card you have provided to secure your initial or future appointments may be used in this event.

Signature _____ Date _____

***Services may be denied if consents & policies are not signed**