

# Chameleon Medical Spa

## NEW CLIENT HISTORY

This information will allow your professional skincare specialist to provide the optimum products and services.

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

Last Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Today's Treatment Area: \_\_\_\_\_

Have you taken any antibiotics, sun sensitive medication, or immune-blood thinners within the past 2 weeks? YES or NO If so, please specify: \_\_\_\_\_

Have you had any recent sun exposure in the past 4-6 weeks, including tanning beds, bronzing creams or spray-on tans? YES or NO

If so, please specify: \_\_\_\_\_

Your last sunburn? \_\_\_\_\_

Do you have a history of cold sores, fever blisters, or herpes 1 or 2? YES or NO

If so, when was your last outbreak? \_\_\_\_\_

\*the use of lasers and IPL can trigger an outbreak

Please list ALL medications you are currently taking? \_\_\_\_\_

Have you ever been under the treatment plan of a: Dermatologist, Plastic Surgeon, Aesthetician.

Would you be interested in cosmetic surgery? \_\_\_\_\_

If yes, what procedure? \_\_\_\_\_

Have you been treated for: acne, depression, skin disease, high blood pressure, cold sores, diabetes, cancer? \_\_\_\_\_

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Have you ever been treated with a laser, microdermabrasion, chemical peel, or injection?  
YES or NO If so, please list when: \_\_\_\_\_

Do you have significant open facial wounds or lesions? YES or NO

Do you have a pacemaker or external defibrillator? YES or NO

Have you taken Accutane or any anticoagulants in the past 6 months? YES or NO

Do you have any chronic medical conditions which we should know about? YES or NO

Do you have any allergies to medications, herbal or natural supplements? YES or NO

Circle your current level of stress: 1 2 3 4 5 6 7 8 9 10

Circle your normal level of stress: 1 2 3 4 5 6 7 8 9 10

Do you have permanent makeup or tattoos? YES or NO If so please list where:

Natural Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Veneers on your tooth? YES or NO

Are you a smoker? YES or NO

Alcohol Use? YES or NO

Caffeine? YES or NO

Keloid scarring? YES or NO

Hypo/Hyper-pigmentation? YES or NO

How many ounces of water do you drink daily? \_\_\_\_\_

Do you exercise? If so, how often: \_\_\_\_\_

What skin products are you currently using? \_\_\_\_\_

Are you happy with your skin care products? YES or NO

Do you or have you used any topical medications or creams such as Retin-A, Renova, Tazorac, Differin, Obagi, or any others? (Circle one) YES or NO

Do you use a daily environmental protection product (sunblock)? If not, why? \_\_\_\_\_

Circle how you feel about the overall quality of your skin: (bad) 1 2 3 4 5 6 7 8 9 10 (fantastic)

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Please tell us about your skin (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Normal          | <input type="checkbox"/> Melasma            |
| <input type="checkbox"/> Dry/Dehydrated  | <input type="checkbox"/> Hyper-pigmentation |
| <input type="checkbox"/> Oily            | <input type="checkbox"/> Hypo-pigmentation  |
| <input type="checkbox"/> Acne/Acne prone | <input type="checkbox"/> Broken capillaries |
| <input type="checkbox"/> Large pores     | <input type="checkbox"/> Rosacea            |

Are you concerned about skin conditions on your body? (circle all that apply)

Sun spots, skin laxity, dry / rough

In order of importance, please rank 1 (most important) to 5 (least important) improvement in the next 30 days:

Reduction of fine lines  Reduction of brown spots/sun damage

Reduction of oil/acne  Acne scars diminished  Reduction of redness

What are your skincare goals? \_\_\_\_\_

Current Concerns: \_\_\_\_\_

**WOMEN ONLY:** Are you or could you be pregnant? YES or NO

Are you currently breast-feeding? YES or NO

Are your menstrual cycles normal? YES or NO

**MEN ONLY:** Method of shaving? WET or DRY, ELECTRIC or BLADE

Additional information you would like your technician to know:

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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| Skin Score |  | 0   | 1   | 2                                    | 3                     | 4                             |
|------------|--|---|---|--------------------------------------|-----------------------|-------------------------------|
| _____      | What is your eye color?  | Light blue or Grey                        | Blue or Green   | Hazel or Light Brown                 | Dark Brown            | Brownish Black                |
| _____      | What is your natural hair color?   | Red, Sandy red                            | Blonde  | Dark Blonde, Chestnut, Brown         | Dark Brown            | Black                         |
| _____      | What is the color of your skin (unexposed areas)                                   | Reddish                                   | Very Pale   | Pale with Beige Tint                 | Light Brown           | Dark Brown                    |
| _____      | Do you have freckles on exposed areas?   | Many                                      | Several   | Few                                  | Incidental            | None                          |
| _____      | What happens when you stay in the sun too long?                                    | Painful, redness, blistering, and peeling | Blistering followed by peeling  | Burns, sometimes followed by peeling | Rarely burn           | Never burn                    |
| _____      | To what degree do you turn brown?  | Hardly or not at all                      | Light tan   | Reasonable tan                       | Tan very easily       | Turn dark brown quickly       |
| _____      | How does your face respond to the sun?   | Very sensitive                            | Sensitive   | Normal                               | Very resistant        | Never has problems in the sun |
| _____      | When did you last expose yourself to the sun, tanning beds or self tanning creams? | More than 3 months ago                    | 2-3 months ago  | 1-2 months ago                       | Less than 1 month ago | Less than 2 weeks ago         |
| _____      | How often is the area that you want to have treated exposed to the sun?            | Never                                     | Hardly ever   | Sometimes                            | Often                 | Always                        |
| Total      |  |   | <b>Score Skin Type</b><br>0-7 I 26-30 IV<br>8-16 II Over 30 V-VI<br>17-25 III |                                      |                       |                               |

# Chameleon Medical Spa Policy

## TREATMENT POLICY

To ensure that you receive the best results, we ask that you follow the treatment plan that requires at least 6 treatments with appointments every 4 weeks for the body and appointment every 4 to 5 weeks for treatments on the face.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## LASER HAIR REMOVAL POLICY

Timing between your appointments is crucial for optimal results due to the hair growth cycle in the body. Lasers are only able to kill the hair during the anagen or active cycle.

Laser hair removal packages and Groupons are valid for 9 months from the day of the first treatment session.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## REFUND POLICY

In the event that a package or series of treatments has begun, these services will be considered to have been rendered even though the full series may not have been completed. Should you wish to discontinue your treatment in the midst of a series or unused treatments at the regular price and discounted packages no refund will be extended by Chameleon Medical Spa. All series must be completed.

There are **no refunds** for products or services.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Chameleon Medical Spa Policy

## **CANCELLATION POLICY**

We are always happy to reserve time in our schedule, especially for you. However, in consideration of others, we require at least **24 hours** of notice prior to cancellation of appointments. Failure to do so will result in a \$25 NO SHOW FEE

Late arrivals: Rescheduling will be necessary if our schedule cannot permit the time. If a client is more than 15 minutes late to an appointment, a \$25 NO SHOW FEE will be applied. Clients arriving on-time must be seen with priority

**We are available via phone at (972) 296-2045 or you may submit your request to [info@chameleonmedspa.com](mailto:info@chameleonmedspa.com)**

Failure to give a 24 hour cancellation or no show will result in a fee. Chameleon Medical Spa policy states that any appointment arriving more than 15 minutes late will be considered a no show/cancellation.

Arriving for your appointment on medications that are sun sensitive (antibiotics) or you have been sun exposed or having to reschedule due to our "unattended child" policy will result in a \$25 fee.

Children are NOT allowed in the treatment room or left unattended in the spa.

We greatly appreciate your cooperation in helping us provide you with excellent care for you and your family. Please sign below that you have read and acknowledge the above information provided to you.

**Client Signature:** \_\_\_\_\_