Allura
MD LASER AESTHETICS

NEW CLIENT QUESTIONAIRE

Name _____ Date _____ Birthdate _____ Age _____

Address _____ City _____

State _____ Zip _____ Email Address (for discounts/coupons) _____

Home Phone: (___)_____ Work Phone: (___)_____ Cell Phone: (___)_____

Please specify on which phone you would like a confirmation message left. _____

Occupation: _____

What skin care products do you use? _____

What Cosmetic Improvement would you like to see in your skin? _____

Do you currently use Retin-A, Retinols, Alpha/Beta hydroxyl acids, or Prescription topicals? Y N
Are you currently pregnant or breastfeeding? Y N
Are you taking any antibiotics currently? Y N

Please list any medications/foods you are allergic to:

_____

Past Medical History (Please check all that apply)

____Acne	____Bleeding Disorder	____Cancer	____Eczema
____Hives	____HIV/AIDS	____Pacemaker	____Pigmented Moles
____Rosacea	____Smoking	____Accutane	____Cold sores/fever blisters

How did you hear about Allura? For referrals that purchase a service, you will receive a gift certificate for One free microdermabrasion or ultrasonic facial. We hope you enjoy your services and tell your friends.

____Friend, is so who? _____	____Internet	____Television
____Physician (Name) _____	____Bella	____The Yellow Book
____Postcard or Flyer	____Rke Times	____Facebook

____Charity Function, which one? _____
____Other (please specify) _____

Payment Policy: Payment must be received at time of service. Package prices are due in full at time of first service. We accept MasterCard, Visa, Discover, American Express, Personal checks, and Cash.
Refund Policy: Services and treatment packages are non-refundable and non-transferable. Please refer to the service consent form for possible reactions and outcomes.
Cancellation Policy: If cancellation occurs with less than 24 hours' notice you will be subject to a cancellation fee. Except for unexpected illness or an emergency.

Emergency Contact: Name_____Phone (___)_____Relationship_____

By signing below, I consent to Allura's Policy's and have been truthful on the above information.

Patient Signature: _____