



Today's Date: \_\_\_\_\_

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

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_  Male  Female

Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_ E-mail: \_\_\_\_\_

Marital Status:  Single  Married  Widow  Divorced

What is the reason for your visit today? \_\_\_\_\_

How did you hear of us?  Family  Friend  Advertisement  Other \_\_\_\_\_

**In case of emergency, please contact:**

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

Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

We do not sell any customer information to any third party. Neither do we provide any individually identifiable customer information to any third party except as follows: in response to subpoenas, court orders or legal process, in order to finalize a payment for services requested and agreed to. This information may be shared with your financial institution or credit card issuer as indicated.

**Please Introduce Yourself... Is your skin sensitive?**  Yes  No

Genetic Disposition					
Score	0	1	2	3	4
What are the color of your eyes?	Light blue, Gray, Green	Blue, Gray or Green	Blue	Dark Brown	Brownish Black
What is the natural color of your hair?	Sandy Red	Blond	Chestnut/Dark Blond	Dark Brown	Black
What is the color of your skin (non exposed areas)?	Reddish	Very Pale	Pale with Beige tint	Light Brown	Dark Brown
Do you have freckles on unexposed areas?	Many	Several	Few	Incidental	none
Total score for Genetic Disposition: _____					

<b>Tanning Habits</b>					
Score	0	1	2	3	4
When did you last expose your body to sun (or artificial sunlamp/tanning cream)?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than a month ago	Less than 2 weeks ago
Did you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always
Total score for Tanning Habits: _____					

<b>Reaction to Sun Exposure</b>					
Score	0	1	2	3	4
What happens when you stay in the sun too long?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns sometimes followed by peeling	Rare burns	Never had burns
To What degree do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easy	Turn dark brown quickly
Do you turn brown within several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always
How does your face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem
Total score for Reaction to Sun Exposure: _____					

Add up the total scores for each of the three sections for your Skin Type Score.

<b>Skin Type Score</b>	<b>Fitzpatrick Skin Type</b>
0-7	I
8-16	II
17-25	III
25-30	IV
over 30	V-VI

Skin Type I Never tans, always burns (extremely fair skin, blonde hair, blue/green eyes)

Skin Type II Occasionally tans, usually burns (fair skin, sandy/brown hair, green/brown eyes)

Skin Type III Often tans, sometimes burns (medium skin, brown hair, brown eyes)

Skin Type IV Always tans, never burns (olive skin, brown/black hair, dark brown/black eyes)

Skin Type V Never burns (dark brown skin, black hair, black eyes)

Skin Type VI Never burns (black skin, black hair, black eyes)

### **Please Tell Us About Yourself...**

How would you describe your general health? Good Fair Poor

Have you had a major illness or been hospitalized within the last 5 years? Yes No

Please describe:

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Please list all medications and dosage? (Herbal, Topical, Ingestible, or Injectable and over counter medications and supplements)

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Have you ever had any surgical procedures, including cosmetic – please list

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Do you have acne? Yes No Taken Accutane or Tretinoin in the last 6 months? Yes No

Do you have any tattoos or permanent make-up to area to be treated? Yes No

Are you allergic to Latex? Yes No

Are you allergic to any medications? Yes No

Please list medication allergies and reactions: \_\_\_\_\_

Do you develop skin rashes in reaction to  Medications Bandages Neosporin Other\_\_\_\_\_?

Do you smoke?  Yes  No If YES, how much? \_\_\_\_\_packs/day

Do you drink alcohol?  Yes  No If YES, what? \_\_\_\_\_ How often? \_\_\_\_\_

Do you exercise?  Yes  No If YES, how often? \_\_\_\_\_ What type? \_\_\_\_\_

Do you sunbathe, use tanning bed, or self-tan?  Yes  No If YES, when was last tan? \_\_\_\_\_

## Medical History

Have you ever had any of the following: Skin Cancer: Basal Cell Squamous Cell Pre-malignant moles

Melanoma If yes, when and where on body: \_\_\_\_\_

Please list any current or Chronic medical issues \_\_\_\_\_

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Is there any other information about your health that we should know? \_\_\_\_\_

Are you taking oral steroids (such as Prednisone, Dexamethasone)? Yes No

Do you have a pacemaker or external defibrillator? Yes No

Do you have any metal implants under the area being treated? Yes No

Do you have a history of light-induced seizures? Yes No

Do you have a history of Herpes or cold sores? Yes No

Do you have any open sores or lesions? Yes No

Have you had radiation therapy? Yes No

Do you have a history of keloid scarring or hypertrophic scar formation? Yes No

In the last 6 months, have you used any of the following? Yes No Anticoagulants or blood-thinning medications, photosensitizing medications or anti-inflammatories? List Product, Date Used:

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In the last 3 months, have you used any of the following products: Yes No Glycolic acid or other Alphahydroxy- or Betahydroxyacid products, exfoliating or resurfacing products or treatments? List Product, Date Used: \_\_\_\_\_

Have you ever had any of the following treatments: Chemical Peel Laser Treatments Cosmetic Surgery Neuromodulator injections – such as Botox Skin Tightening Microdermabrasion Bellafill or Sculptra Filler Injections (such as Restylane, Juvederm, Radiesse) Microneedling Other \_\_\_\_\_

Please provide approximate treatment dates: \_\_\_\_\_

What skin care products are you using? (Cleanser, Moisturizer, etc.) \_\_\_\_\_

**WOMEN ONLY:** Are you pregnant? Yes No Expected Delivery Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Are you trying to become pregnant? Yes No Are you currently nursing? Yes No

## Client Treatment Consent and Release

*I acknowledge that beauty treatments, the practice of skin care, including, but not limited to microneedling, microdermabrasion, hair removal, body treatments, laser treatments, tattoo removal, vein treatments, color spot removal, BOTOX, Kybella, Dermal Fillers, Sclerotherapy, and various other beauty aesthetic procedures is not an exact science, therefore, we do not offer refunds on services rendered. Aesthetic results are quite variable from person to person and while we do our best to achieve the desired outcome it cannot always be guaranteed. Clients are responsible for further treatments needed to achieve further results, and no specific guaranties can or have been made concerning the outcome. I understand that some clients experience more change and improvement than others. In virtually all cases, multiple treatments are required in order to realize a difference.*

*I also understand and agree to assume the following risks and hazards which may occur in connection with any particular treatment including but not limited to: unsatisfactory results, soreness, poor healing, discomfort, redness, blistering, nerve damage, scarring, infection, and change in skin pigmentation, allergic reaction, muscle damage, and increased hair growth. I understand that even though precautions may be taken in my treatment, not all risks can be known in advance.*

*Given the above, I understand that response to treatment varies on an individual basis and that specific results are not guaranteed. Therefore, in consideration for any treatment received, I agree to unconditionally defend, hold harmless and release from any and all liability the company and the individual that provided my treatment, the insured, and any additional insureds, as well as any officers, directors, or employees of the above companies for any condition or result, known or unknown, that may arise as a consequence of any treatment that I receive.*

*I have fully disclosed on my medical history intake form any medications, previous complications, or current conditions that may affect my treatment. I understand and agree that any legal action of any kind related to any treatment I receive will be limited to binding arbitration using a single arbitrator agreed to by both parties.*

**X** \_\_\_\_\_ Date: \_\_\_\_\_  
Patient Signature

Print Name \_\_\_\_\_

**PLEASE READ AND SIGN NEXT PAGE ALSO**

## PHYSICIAN/REPRESENTATIVE – PATIENT ARBITRATION AGREEMENT

This agreement is made between Lasting Impressions Laser, Theresa Thiele PA-C, Dr. Emily Devol, and their agents, employees and patient. Patient agrees that he or she has selected Lasting Impressions Laser for treatment or continued treatment. Patient acknowledges that Patient is not required to use Lasting Impressions Laser and that there are other competent providers in state of Florida who perform the services performed by Lasting Impressions Laser.

In return for Lasting Impressions Laser, agreeing to provide treatment, or continued treatment to Patient, Patient agrees that any and all claims by Patient against Lasting Impressions Laser, whether in contract or in tort, including claims regarding Patient's medical care, or any matter whatsoever, will be resolved by binding arbitration as provided by the Florida Arbitration Code, Chapter 682, Florida Statutes. Patient will choose one arbitrator, Lasting Impressions Laser will choose one arbitrator, and the two arbitrators shall choose a third arbitrator. Each party will be entitled to the discovery provided for under rules 1.280-1.390, Florida Rules of Civil Procedure. The panel of arbitrators shall hear and decide the claim in Tampa, Florida and apply Florida substantive law. Lasting Impressions Laser and Patient agree that the arbitrators' decision will be binding on all parties, and maybe enforced by a court of competent jurisdiction in and for Hillsborough County, Florida. Requests for arbitration by either party must be made within the time frame set forth in Section 95.11 of Florida Statutes dealing with medical malpractice. Patient recognizes that by so agreeing, Patient is giving up the right to trial by jury.

**Article 1: Agreement to Arbitrate:** It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered, will be determined by submission to arbitration as provided by Florida law, and not be a lawsuit or resort to court process except as Florida law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional rights to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

**Article 2: All Claims Must be Arbitrated:** It is the intention of the parties that this agreement bind all parties whose claims may arise out of or relate to treatment or service provided by the physician, representative or their staff (including nursing staff) including any spouse or heirs of the patient/patient and any children, whether born or unborn, at the time of the occurrence giving rise to any claim. In the case of any pregnant mother, the term "patient" herein shall mean both the mother and the mother's expected child or children. All claims for monetary damages exceeding the jurisdiction limit of the small claims court against the physician/representative and their partners, associates, association, corporation or partnership, and the employees, agents and estates of any of them, must be arbitrated including, without limitation, claims for loss of consortium, wrongful death, emotional distress or punitive damages. Filing of any action in any court the physician/representative to collect any fee from the patient shall not waive the right to compel arbitration of any malpractice claim.

**Article 3: Procedures and Applicable Law:** A demand for arbitration must be communicated in writing to all parties. Each party shall select an arbitrator (party arbitrator) within thirty days and a third arbitrator (neutral arbitrator) shall be selected by the arbitrator appointed by the parties within thirty days of a demand for a neutral arbitrator by either party. Each party to the arbitration shall pay such party's pro rata share of the expenses and fees of the neutral arbitrator, together with other expenses of the arbitration incurred or approved by the neutral arbitrator, not including counsel fees or witness fees, or other expenses incurred by a party of such party's own benefit. The parties agree that the arbitrators have the immunity of a judicial officer from civil liability when acting in the capacity of arbitrator under this contract. This immunity shall supplement, not supplant, any other applicable statutory or common law.

Either party shall have the absolute right to arbitrate separately the issues of liability and damages upon written request to the neutral arbitrator. The parties' consent to the intervention and the joinder in this arbitration of any person or entity, which would otherwise be a proper additional party in a court action, and upon such intervention and joinder any existing court action against such additional person or entity shall be stayed pending arbitration.

The parties agree that provision of Florida law applicable to health care providers shall apply to disputes with this arbitration agreement, including, but not limited to, Florida Code of Civil Procedure and Florida Civil Code. Any party may bring before the arbitrators a motion for summary judgment of summary adjudication in accordance with the Code of Civil Procedure. Discovery shall be conducted pursuant to Florida Code of Civil Procedure; however, depositions may be taken without prior approval of the neutral arbitrator.

**Article 4: General Provisions:** All claims based upon the same incident, transaction or related circumstances shall be arbitrated in one proceeding. A claim shall be waived and be forever barred if (1) on the date of notice thereof is received, the claim, if asserted in a civil action, would be barred by the applicable Florida Statute of limitations, or (2) the claimant fails to pursue the arbitration claim in accordance with the procedures prescribed herein with reasonable diligence. With respect to any matter not herein expressly provided for, the arbitrators shall be governed by the Florida Code of Civil Procedure provisions relating to arbitration.

If any provision of this arbitration agreement is held invalid or unenforceable, the remaining provisions shall remain in full force and shall not be affected by the invalidity of any other provision.

I understand that I have the right to receive a copy of this arbitration agreement. By my signature below, I acknowledge that I have received a copy.

**Notice:** By signing this contract, you are agreeing to have any issue of medical malpractice decided by neutral arbitration and you are giving up the right to jury or court trial. See Article 1 of this contract. The parties agree that this agreement applies and will apply to all treatments provided to patient in the past, now, and at any time in the future.

Lasting Impressions Laser and Patient agrees that it is their intention to bind not only themselves, but also their heirs, personal representatives, guardians, or any persons deriving their claims through or on behalf of patient.

\_\_\_\_\_  
Practitioner or Authorized Representative's Signature  
Date: \_\_\_\_\_

\_\_\_\_\_  
Patient or Patient's Representative's Signature  
Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Practitioner/Representative

\_\_\_\_\_  
Print Patient's Name (If Representative, Print Name & Relationship to Patient)

A signed copy of this document is to be given to the Patient/Patient. Original is to be filed in Patient/Patient's medical records.