



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

**Name:** \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_  
(Month) (Day) (Year)  Male  Female

Social Security Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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

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

Occupation: \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

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 maybe shared with your financial institution or credit card issuer as indicated.

Please Introduce Yourself...

In order to better establish your skin type, please tell us your race/ethnicity: \_\_\_\_\_

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: \_\_\_\_\_

**Tanning Habits**

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: \_\_\_\_\_

### Reaction to Sun Exposure

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.

Skin Type Score	Fitzpatrick Skin Type
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: \_\_\_\_\_

Are you currently using any medications?(Herbal, Topical, Ingestible, or Injectable)  Yes  No Please list all medications and dosage: \_\_\_\_\_

Are you taking Aspirin, Advil, Motrin or any other over the counter medications?  Yes  No

List: \_\_\_\_\_

Are you taking any herbal or vitamin supplements?  Yes  No List: \_\_\_\_\_

Do you have acne?  Yes  No Taken Accutane, Renova, Differin in the last 6 months?  Yes  No

Do you use or have you ever used any of the following products?  Retin A,  AHA,  Glycolic acid,

Hydroquinone,  Other: \_\_\_\_\_ Any reactions? \_\_\_\_\_

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

Are you using Rogaine, Propecia, Minoxidil?  Yes  No. If yes, please circle which one

Are you using steroids?  Yes  No Have you ever had gold injections?  Yes  No

Does your skin have spider veins?  Yes  No If yes, where? \_\_\_\_\_

Are you allergic to Latex?  Yes  No Are you allergic to any medications?  Yes  No

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

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

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

Have you ever used recreational IV drugs?  Yes  No

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 or Pre-Cancer:  Basal Cell  Squamous Cell  Pre-malignant moles

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

Any family history of skin cancer?  Yes  No If YES, what type? \_\_\_\_\_

**Have you ever had any of the following:**

Hormone Disorders/Imbalance  HIV or AIDS  Pacemaker

Internal Defibrillator  Genital Herpes  Impaired immune system

Veneral Disease (syphilis, gonorrhea, etc.)  Eye Disease (includes glaucoma)

Cancer  Chemotherapy  Radiation  Osteoporosis

Cold Sores  Dermatitis  Keloid Scars

Skin Disorders  Eczema  Vitiligo

Epilepsy  Seizures  Migraine

Artificial Joints  Arthritis (includes Rheumatoid)  Nervous Disorder

Phlebitis  Anemia  Excessive Bleeding/Bruising

Diabetes  Methemoglobinemia  Thyroid disease

Transplants or Implants  Joint Replacements or Metal in body (including pins or screws)

Lupus  Psoriasis  Abnormal or Slow Wound Healing

Sinus or Ear Trouble  Seasonal Allergies  Silicone implants

Respiratory Condition (includes asthma, emphysema, chronic bronchitis)  Tuberculosis

Pacemaker  Abnormal Blood Pressure (high/low)  Angina (chest pain)

Heart Disease/Condition (includes heart attack, heart valve replaced, irregular beat/murmur, blood clot)

Hepatitis A  Hepatitis B  Hepatitis C

Stomach Ulcers or Heartburn  Jaundice, Liver Disease  Kidney Disease

Psychiatric Care Please explain: \_\_\_\_\_

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

\_\_\_\_\_

Do you take antibiotics before dental work?  Yes  No

Do you have  dental implants  acrylic implants  crowns  bridgework?

Have you ever had dental anesthesia?  Yes  No If yes, any bad reaction? \_\_\_\_\_

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

\_\_\_\_\_

Have you ever had any of the following treatments:  Chemical Peel  Laser Treatments  Neuromodulator

injections – such as Botox  Skin Tightening  Microdermabrasion  Sculptra  Cosmetic Surgery

Filler Injections (such as Restylane, Juvederm, Radiesse)  Other \_\_\_\_\_

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

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

\_\_\_\_\_

Do you develop skin rashes in reaction to  Medications  Food  Environment  Bandages  Neosporin

Other \_\_\_\_\_

**WOMEN ONLY:** Are you pregnant?  Yes  No Expected Delivery Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you trying to become pregnant?  Yes  No Are you taking oral contraceptives?  Yes  No

Are you currently nursing?  Yes  No

What outdoor activities do you do (circle all that apply)?

Golf Tennis Swimming Fishing Gardening Biking Walking/Running Boating  
Other Sports \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Person responsible for account (If under 18)**

Parent/Legal Guardian Signature: \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## PHYSICIAN/REPRESENTATIVE – PATIENT ARBITRATION AGREEMENT

This agreement is made between Lasting Impressions Laser, Deborah F. Shultz MD, Theresa Thiele PA-C, 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.

**Article 5: Retroactive Effect:** If patient intends this agreement to cover services rendered before the date it is signed (including but not limited to, emergency treatment) patient should initial:

Effective as of the date of first medical services \_\_\_\_\_  
Patient or /Patient's Representative's Initials and Date

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/

By \_\_\_\_\_

By \_\_\_\_\_

Physician's or Authorized Representative's Signature

Patient or Patient's Representative's Signature

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

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

\_\_\_\_\_  
Print Name of Physician/Representative

\_\_\_\_\_  
Print Patient/Patient's Name

(If Representative, Print Name & Relationship to Patient/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.



**Q: What is an arbitration agreement?**

A: Florida law allows parties to agree to arbitrate their disputes, including any dispute regarding the provisions of healthcare services. When you sign this agreement you are consenting to use arbitration instead of litigation in court as a means of settling differences.

**Q: How does arbitration work?**

A: The patient selects an arbitrator, Lasting Impressions Laser selects an arbitrator, and then those two arbitrators would agree on a third, A hearing is held before the three arbitrators, who then review the information, testimony, expert witness information just as in litigation to decide the case.

**Q: Why arbitrate?**

A: Litigation is a time consuming, expensive process for all of the parties involved. The high cost of litigation is forcing physicians, and other health care providers out of the state of Florida. The healthcare providers that remain, including Lasting Impressions Laser, are experiencing skyrocketing malpractice premium increases. Arbitration is a fair, low cost, and fast way to settle a healthcare dispute that benefits everyone.

**Q: What happens if I do not agree to sign the Arbitration Agreement?**

A: We are requiring our patients to sign the Arbitration Agreement. If a patient refuses to sign the Arbitration Agreement, then that patient is not eligible for treatment from Lasting Impressions Laser. The FMA and AMA are encouraging physicians to use arbitrations documents in their practice. We are taking this step in order to continue to provide care for our patients.

Your on-going healthcare, including treatments, is a partnership in which you and Lasting Impressions Laser share responsibility. We hope that you understand why arbitration makes sense for you and Lasting Impressions Laser.