






Name _____ Today's Date _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Can we text you? Yes ___ No ___
 Date of Birth _____ Referred By _____
 Are you a patient at Raleigh Plastic Surgery Center? Yes ___ No ___ If so, which doctor? _____
 We're Social! Follow @themedsparpsc  themedspa  themedsparpsc 
 Let us follow you too: _____

1. If you could improve one thing about your skin, what would it be? _____
2. What are your present skincare concerns? CrowsFeet/Wrinkles _____ Puffiness _____ Enlarged Pores _____
 Lack of Elasticity _____ Darkpigmentation _____ Whiteheads _____ IngrownHairs _____ Blackheads _____
 Papules or Pustules (inflamed) _____ Severe Sun Damage _____
3. Skin Type: Normal ___ Dry ___ Sensitive ___ Combination ___ Oily ___ Acne ___ Mature ___ Rosacea ___
4. When exposed to the sun, do you? Burn Easily ___ Tan Easily ___ Burn then Tan ___ Fever Blister _____
5. Have you ever been prescribed Accutane®? Yes ___ No ___ Last date used _____
6. What is your current skincare regimen?
 Cleanser _____ Toner _____ Moisturizer _____ Exfoliator _____ Mask _____ Makeup _____ Sunscreen _____
7. Have you ever received any of the following medical or surgical procedures?
 Rhytidectomy (facelift) _____ Rhinoplasty (Nose) _____ Blepharoplasty (Eye Lift) _____ Medical Acid Peels _____
 Laser Resurfacing _____ Dermabrasion _____ Collagen Injections _____ Restylane Injections _____ Botox _____ Other _____
8. For Women Only --- Regular Menstruation _____ Pregnant _____ IUD _____ Lactating _____ Hepatitis _____
 Hormonal Problems _____ Menopause _____ Birth Control Pill _____ Other _____
9. Do you suffer from any allergies? ****Important****
 Cosmetic ingredients ___ food ___ iodine ___ sulfur ___ medications ___ hay fever ___ latex ___ specify _____
10. Are you currently taking any medications, herb and/or vitamins? Yes ___ No ___
 Internal _____ External _____
11. Are you currently undergoing chemotherapy or radiation therapy? Yes ___ No ___
12. Have you ever been diagnosed with any of the following skin disorders? Acne ___ Psoriasis ___
 Seborrhea ___ Skin Cancers ___ Mycosis (fungal infection) ___ Contact Dermatitis _____
13. Have you ever been diagnosed with any of the following? Heart Problems ___ Anxiety ___ Thyroid ___
 Depression ___ High or Low Blood Pressure ___ Diabetes ___ Hepatitis _____ Migraines ___ Asthma ___ HIV ___
 Epilepsy ___ Herpes ___ Hemophilia ___ Sinus Problems ___ Other _____

Consent for Treatment

I hereby consent to and authorize The MedSpa, Inc. to perform the following procedure(s): chemical peels, dermaplane, micro-needling, facials, waxing, make-up application, extractions, all aesthetic services, product recommendations, and any other procedures recommended.

The nature and the purpose of the treatment(s) have been explained to me, along with the risks and hazards involved by The MedSpa, Inc., and I have voluntarily elected to undergo the treatment/procedure(s).

I also recognize there are no guaranteed results and that independent results are dependent upon age, skin condition, and lifestyle and that there is the possibility I may require further treatments of the treated areas to obtain the expected results at an additional cost have been explained to me.

I understand how important it is to follow all instructions given to me for post-treatment care. In the event that I may have additional questions or concerns regarding my treatment or suggested home product/post-treatment care, I will consult The MedSpa, Inc. immediately. I have also, to the best of my knowledge, given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting or using topically.

I have read and fully understand this agreement and all information detailed above. I understand the procedure(s) and accept the risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold the aesthetician or The MedSpa, Inc. whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today or any future treatments.

The MedSpa@RPSC Policies

_____ (please initial) A 24-hour cancellation notification is required to avoid a cancellation fee of \$25. No refunds and/or exchanges on retail products

_____ (please initial) For safety reasons, children are not allowed in the treatment room or left unattended in The MedSpa.

Client Name(signature)_____ Date____/____/____ The

MedSpa@rpsc (signature) _____ Date:____/____/____

Smoking Risk Consent

The MedSpa in conjunction with Raleigh Plastic Surgery Center stands by their commitment in providing information, products, and services to achieve the best possible cosmetic outcome.

The MedSpa recommends smokers abstain from nicotine or nicotine substitutes for a minimum of 6 weeks before and after in office procedures and treatments. Carcinogens from smoke and secondhand smoke may impact your treatment and desired end result.

There is greater risk in smokers for bad scarring, hemotoma formation, intraoperative bleeding, bleeding, poor or delayed healing, hair loss, sloughing of the skin (skin loss), infection, increased or prolonged bruising and hyperpigmentation.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONSENT TO HAVE PROCEDURES AND TREATMENTS PERFORMED. I UNDERSTAND THE POTENTIAL RISKS INVOLVED AND THE POSSIBLE IMPACT CONTINUED SMOKING HAS ON MY DESIRED COSMETIC RESULT AND WISH TO PROCEED WITH TREATMENT.

Patient Signature)_____ Date____/____/____

Witness _____ Date:____/____/____