

Excel Med Spa  
3303 S. Lindsay Rd Suite 115  
Gilbert, AZ 85297

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

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

Age: \_\_\_\_\_

Sex:  M  F

Email: \_\_\_\_\_

Cell # \_\_\_\_\_

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

1) Have any allergies?

2) Pregnant: Yes/No

3) Keloid, post surgery  Yes  No

4) Have you ever had herpes (cold sores)?  Yes  No

5) Skin Type

- Sunburn Easily
- Sunburn, then Tan
- Usually Tan
- Always Tan
- Oily
- Normal
- Dry
- Sensitive

6) Cosmetic History

- Dermal Fillers (Juvederm, Restylane, Perlane, Radiesse, Sculptura)
- Botox
- Chemical Peels
- Laser Treatment
- Microdermabrasion

6a) Any side effects: Yes or No

6b) If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

7) Please indicate, by brand name, the products you use for daily skin care:

\_\_\_\_\_

\_\_\_\_\_

8) What conditions currently apply to your skin?

- Uneven skin tone
- Hyper pigmentation
- Acne / Acne scars
- Facial Hair
- Facial capillaries
- Sagging skin
- Enlarge pores
- Lip lines
- Age spots
- Fine line / wrinkles
- Loss of volume

9) What services are you interested in?

- |   |  |
|---|--|
| <input type="checkbox"/> 4D Facelift                | <input type="checkbox"/> Skin resurfacing                  |
| <input type="checkbox"/> Hair removal               | <input type="checkbox"/> Skin tightening (neck, arms etc.) |
| <input type="checkbox"/> Body Sculpting             | <input type="checkbox"/> Vaginal tightening                |
| <input type="checkbox"/> Scar Revision/Mole removal | <input type="checkbox"/> Incontilase                       |
| <input type="checkbox"/> Lip Lase                   | <input type="checkbox"/> Night Lase                        |
| <input type="checkbox"/> Acne treatment             | <input type="checkbox"/> Onychomycosis                     |

10) What would you like to achieve with your treatment(s) and/or skin care recommendations?

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11) Have you ever had/are currently using:

- |   |  |
|---|--|
| <input type="checkbox"/> Retin-A Cream                | <input type="checkbox"/> any photosensitive meds –see list |
| <input type="checkbox"/> Accutane                     | <input type="checkbox"/> current meds :                    |
| <input type="checkbox"/> Prescription acne medication | <input type="checkbox"/> Doxycycline, Minocycline          |

**Inherent risks of laser treatment include but not limited to hypopigmentation, hyperpigmentation, laser burns, scars.**

Procedure: \_\_\_\_\_ # of Sessions: \_\_\_\_\_ Cost: \_\_\_\_\_

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

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