

New Client Intake



Todays Date:

Welcome to Simplicity Laser Centers. We look forward to helping you achieve your goals, and live a Smoother life. Please take a few minutes to read this form and provide the information requested. The information provided by you will help determine your treatment program, so it is critical that the information you provide is honest and accurate. Please bring this completed form with you to your first treatment

Last	First	MI	Birthdate	Gender	Email
Street Address		City	ST	ZIP	Home Phone
Cell Phone					

HOW DID YOU HEAR ABOUT SIMPLICITY?

- | | | | | |
|--|--|---------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Radio | <input type="checkbox"/> Billboard | <input type="checkbox"/> Trade Show | <input type="checkbox"/> Television | <input type="checkbox"/> Web Search |
| <input type="checkbox"/> Friend Referral | <input type="checkbox"/> Online Search | <input type="checkbox"/> Flyer/Coupon | <input type="checkbox"/> Employee Referral | <input type="checkbox"/> Other |

SKIN TYPE ASSESSMENT

<input type="checkbox"/> Caucasian	<input type="checkbox"/> African-American	Skin Type	Skin Color	Reaction to sun within 45 minutes
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic / Latin	<input type="checkbox"/> Type I-II	Caucasian/White/Pale	Almost always burns w/o sunscreen, fades to tan
<input type="checkbox"/> Mediterranean	<input type="checkbox"/> Polynesian	<input type="checkbox"/> Type III	Light Brown/Asian/Hispanic/Medit	Burns moderately, tans easily
		<input type="checkbox"/> Type IV	Med Brown/Hispanic/Poly/Asian	Does not burn, tans well, heavily pigmented skin
		<input type="checkbox"/> Type V-VI	Dark Brown/Afr-American/African	Does not burn, tans well, heavily pigmented skin

PATIENT MEDICAL HISTORY

The information provided in this section will determine your treatment schedule and laser settings. Providing accurate information will ensure that we provide you the safest and most effective treatment possible. If you have any questions, please speak with your laser technician prior to receiving any treatments.

Allergy	Reaction	Medication	Purpose

- | | | | |
|---|-----------------------------|------------------------------|----------------------------|
| Do you have or have you ever had any tattoos or permanent cosmetics? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | If yes, where? _____ |
| Have you ever taken Accutane? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | If Yes, when? _____ |
| Do you have Herpes or have you ever had a "cold sore?" | <input type="checkbox"/> NO | <input type="checkbox"/> YES | |
| Have you been diagnosed with Polycystic Ovarian Syndrome (PCOS)? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | |
| Are you taking any photo sensitizing medications? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | If yes, please list above. |
| Are you currently using self-tanning products? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | |
| For women, are you currently pregnant or nursing? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | |
| Do you have any present illnesses? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | If yes, what? _____ |
| Do you have a family history of cancer? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | If yes, type? _____ |
| Do you have problems healing from a cut or burn? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | |
| Have you been treated with BOTOX or other injectibles? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | If yes, when? _____ |
| Have you ever had a histamine (allergy) reaction to the sun? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | |
| Are you currently using any BHA/AHA (Glycolic or Salicylic) products? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | If yes, what? _____ |
| Are you allergic to Lidocaine or any other anesthesia? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | |
| Are you allergic to Latex? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | |
| Are you allergic to Asprin? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | |
| Are you taking regular doses of Asprin or blood thinners? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | |

DO YOU HAVE ANY OF THE FOLLOWING CONDITIONS OR ARE YOU USING THE FOLLOWING PRODUCTS?

- | | | | | |
|--|---|--|---|--|
| <input type="checkbox"/> Herpes/Cold Sores | <input type="checkbox"/> Skin Cancer | <input type="checkbox"/> Warts/HPV | <input type="checkbox"/> Accutane | <input type="checkbox"/> None of the Above |
| <input type="checkbox"/> Hirsutism | <input type="checkbox"/> Smoking | <input type="checkbox"/> Psoriasis | <input type="checkbox"/> Antibiotics | |
| <input type="checkbox"/> PCOS | <input type="checkbox"/> Active Viral Infection | <input type="checkbox"/> Cancer Treatments | <input type="checkbox"/> Seizures | |
| <input type="checkbox"/> Photosensitivity | <input type="checkbox"/> Active Bacterial Infection | <input type="checkbox"/> Iron Supplements | <input type="checkbox"/> Thyroid Conditions | |
| <input type="checkbox"/> Hairy Moles | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Gold Supplements | <input type="checkbox"/> Keloid Scarring | |

SIDE EFFECTS DISCLOSURE - READ PRIOR TO SIGNING THIS FORM

Many clients will experience one or more of the following side effects over the course of laser hair removal and/or skin rejuvenation treatments. Side effects may include but are not limited to: Hyperpigmentation (darkening of the skin), hypopigmentation (loss of skin pigment), mild to moderate burns (2nd degree), blisters, temporary redness, follicular edema (little red/pink "puffiness" and small bumps like "goose bumps"), swelling (Edema) and itching in treated area, hives, skin rash, bruising, scarring and lack of desired results.

TREATMENT DISCLOSURES - READ PRIOR TO SIGNING THIS FORM

- I understand that Simplicity does not provide medical diagnoses and that I must provide an accurate medical history to Simplicity.
- I am not using any photosensitizing drugs or products, or have had the risks explained to me and given my consent to continue treatment.
- I understand the UV exposure 7 days pre or post treatment greatly increases my risks of experiencing side effects from the laser treatment.
- I have been informed that my treatment results may vary if I am pregnant. I have disclosed my pregnancy status to Simplicity and agree that if my status changes, I will inform Simplicity prior to treatment.
- I understand that I cannot have any laser services if I have used Isotretinoin (Accutane, Amnesteem, Claravis, Sotret) within the last 6 months.
- I have reviewed and understand what to expect from my treatment and the potential side effects I may experience due to this treatment.
- I have reviewed and understand the pre & post care instructions for the treatments I will be receiving.
- I understand that Simplicity does not guarantee any specific results from any treatment. I have reviewed and understand the limitations of the treatments I will be receiving. I am aware that laser hair removal treatments are not effective on RED, BLONDE, or GRAY hair.
- I understand that on average, hair removal clients may expect 70-90% reduction after 8-12 and sometimes more treatments.
- I agree that if I experience any side effects from my treatments that I will contact this Simplicity location and allow them to review and treat my condition prior to visiting another health care provider. If I choose to visit another provider without reviewing my condition with Simplicity, I understand that Simplicity may not provide reimbursement for new charges, fees, or treatments.
- I consent to being treated with the products determined necessary by Simplicity. I have informed Simplicity of any known product allergies that I may have.
- I understand that Simplicity has a Medical Director for Simplicity related concerns. However I acknowledge that I currently have a Primary Care Physician.
- I understand that any makeup, lotion, or topical product on my skin during a procedure decreases the safety of the procedure and I am solely responsible for removing such products from my skin prior to any procedure.

POLICY DISCLOSURES - READ PRIOR TO SIGNING THIS FORM

I voluntarily consent to receive treatment ("Services") at Simplicity Laser ("Simplicity"). If deemed necessary by the medical supervisor, I consent to receive medical treatments including, but not limited to administration of medications prescribed by the health care provider. I further consent to the use of all products ("Products") related to the services provided by Simplicity.

- I am aware that Simplicity holds my medical records private unless I give consent to release.
- I understand that in order to keep prices low, Simplicity requires 48 business hours notice for cancellation or rescheduling. I understand that I will incur a \$20.00 cancellation charge if I fail to keep my appointment and I fail to give the proper cancellation notice. I understand that I will be responsible for paying all costs and expenses associated with my failure to pay any amounts owed to Simplicity, including all returned check fees, reasonable attorney fees, court costs, and any other related collection costs and expenses. I understand that if I enter into a payment program with Simplicity (or any third-party operating on my behalf or on behalf of Simplicity) I am responsible for all agreed upon payments regardless of treatment results or any change in personal circumstances.
- Any and all controversies, disputes, or disagreements, relating to or arising out of this Agreement, including personal injury resulting from any services received, shall be submitted to binding arbitration according to the rules and regulations of the American Arbitration Association, and binding judgment based on the decision of the arbitrator may be entered in any court of competent jurisdiction.
- I understand that Simplicity does not guarantee results or make any promises as to the effectiveness of my treatment. I understand that the required number of treatments varies for each client and for each treatment. I understand that Simplicity will not refund my purchase due to less than average results or because I experience side effects from treatments.
- I understand that before and after photographs may be taken for documentation in my medical record. I hereby give consent to Simplicity to take photographs of me as needed during my treatments. I authorize Simplicity to use such photographs for purposes of training, professional publication, education or marketing.

I hereby represent that I was able to ask questions and raise concerns with Simplicity about my treatment. My questions and concerns have been discussed and answered to my satisfaction. I have had the opportunity to read, and I fully understand this document. I knowingly assume the risks associated with my treatment. By signing this form, I understand that all agreements made by me are applicable to all future services received by me at any Simplicity facility.

Client Signature (or Parent/Guardian/Authorized Rep.)	Date	Print Name	Date
---	------	------------	------

Simplicity Representative	Date	Print Name	Date
---------------------------	------	------------	------

DISPUTE RESOLUTION

Consent to Arbitrate - In the event of any controversy or claim arising out of or relating to this Agreement, including specifically, but not limited to any personal injury claim, or a breach thereof, the parties hereto may first attempt to settle the dispute by mediation. If settlement is not reached within sixty (60) days after service of a written request for mediation, any unresolved controversy or claim shall be settled by binding arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. The prevailing party shall be entitled to, and the arbitrator shall award, reasonable attorneys' fees, costs (including expert fees) and necessary disbursements in addition to any other relief to which such party may be entitled. To the extent any part of this paragraph is deemed unenforceable, the remainder shall remain in force. This paragraph shall not apply to any controversy relating to late payments or non-payment for services.

Client Signature (or Parent/Guardian/Authorized Rep.)

Date

Venue - The place of arbitration shall be in Utah County or Salt Lake County, Utah and Utah law shall apply.

Time to Bring Claim – Any demand for arbitration shall be made within one year of the alleged incident regardless.

I hereby represent that I was able to ask questions and raise concerns with Simplicity about these Dispute Resolution terms. My questions and concerns have been discussed and answered to my satisfaction. I have had the opportunity to read, and I fully understand this document. By signing this form, I understand that all agreements made by me are applicable to all services received by me at any Simplicity facility.

Client Signature (or Parent/Guardian/Authorized Rep.)

Date