Patient Information

General Information

Bellezza Laser Aesthetics

Name:
Date of Birth:
Social Security Number: *Used as your unique medical record identifier*
Home Telephone:
Work Telephone:
Mobile Telephone:
Email Address: May we use your email to send medical related messages? ☐ Yes ☐ No *Your email will never be sold to a third party. You will only receive newsletters or other emails specific to IMC or its related clinics.*
Mailing Address:
Street Address (if different):
City / State:
Zip Code:

Emergency Contact:
Relationship:
Telephone:

Your Occupation:
Your Employer:

Current Physicians / Health Providers:

How did you hear about us?

Policies

Notice of Billing and Delegated Medical Services

Please read and initial each section – thank you!

Bellezza Laser Aesthetics does not participate in insurance plans, nor submit claims, nor complete paperwork for insurance claims. Payment is due in full at the time of service with cash, check or major credit card. Our returned check charge is $25.

Initials _____

We gladly accept cancellations up to 24 hours in advance without penalty. Missed appointments without advance notice will be charged 50% of the scheduled visit fee or $100, whichever is less, and future appointments will require a credit card number in advance.

Initials _____

Coolsculpt appointments require a pre-treatment reservation fee of $100 per hour/treatment area, which will be deducted from the total charge.

Initials _____

Tipping is not necessary or encouraged. The best "thank you" from our patients is to tell a friend about us or leave a comment on our Facebook page.

Initials _____

Services performed by estheticians are considered "medical services" and are delegated by Scott Rollins, MD. This means Dr. Rollins has personally assessed the qualifications and competence of the esthetician to perform all medical services, and he is available personally to consult or provide appropriate evaluation or treatment in relation to the delegated medical services.

In the event of an adverse outcome resulting from a delegated medical service, Dr. Rollins will provide appropriate follow-up care and/or referrals.

Initials _____

I have read the above policy information and by signing below agree to the terms outlined.

Signature _____ Date _____

Health Questionnaire

Please fill out to the best of your knowledge

Check if *you* have ever had:

- o Autoimmune disease
- o Blood disorders
- o Cancer
- o Cold induced disease
- o Diabetes
- o Heart disease
- o Hepatitis
- o High blood pressure
- o HIV infection
- o Hormone imbalance
- o Kidney disease
- o Liver disease
- o Neurologic disease

Check if *you* have ever had:

- o Chemotherapy
- o Implanted defibrillator
- o Gold therapy
- o Knee or hip replacement
- o Metal implants
- o Pacemaker
- o Radiation therapy
- o Steriod therapy

Check if *you* have ever had the following SKIN conditions:

- o Acne
- o Accutane for acne
- o Actinic Keratoses
- o Basal Cell skin cancer
- o Cold sores (herpes)
- o Eczema
- o Hirsutism (excess hair)
- o Keloid scars
- o Melanoma
- o Melasma
- o Psoriasis
- o Shingles
- o Squamous Cell skin cancer
- o Vitiligo

Other / Explain above: _____

_____

_____

_____

Are you pregnant or breastfeeding? _____

Allergies: _____

_____

Current Medications (dose/frequency), Supplements & Topical therapies: _____

_____

_____

_____

_____

_____

Health Questionnaire

Continued...

I am interested in correcting / treating the following (check all that apply):

- o Acne
- o Age spots
- o Body contouring
- o Botox
- o Cellulite
- o Facial veins
- o Fillers
- o Fine lines / wrinkles
- o Hair reduction
- o Photo-Facial
- o Rosacea
- o Skin tightening
- o Stretch marks
- o Skin hydration therapy
- o Scar reduction
- o Uneven skin texture
- o Waxing

Check any of the following cosmetic procedures you have ever had:

- o Botox
- o Chemical peels
- o Collagen injections
- o Facials
- o Microdermabrasion
- o Permanent makeup

When you sunbathe or are in the sun, how does your skin respond?

- o Always burn, never tan
- o Usually burn, difficult to tan
- o Sometime burn, Average tan
- o Almost never burn, tan easily
- o Rarely burn, tan easily
- o Never burn, always tan

Describe your skin (check all that apply):

- o Oily
- o Dry
- o Combination oily/dry
- o Normal
- o Sensitive
- o Sun-damaged
- o Freckled
- o Mature
- o Wrinkled
- o Broken surface veins
- o Dark pigmented
- o Light pigmented
- o Large pores
- o Small pores

What is your ancestry/nationality? _____

List previous types of laser procedures: _____

What skin care products do you currently use? _____

What makeup brand do you currently use? _____

Do you have tattoo(s) in the area(s) that you want treated? _____

Social History

Do you smoke or chew tobacco?_____ How much per day?_____

Do you drink alcohol?_____ How much per day?_____

Do you exercise regularly?_____ How much per week?_____

How many hours do you spend outdoors on an average day?_____

Do you sunbathe or use tanning beds? _____If so, how often and how long ago?_____