Vascular and Endovascular Institute of MI, P.C. Medispa
42855 Garfield Road, Suite 112
Clinton Township, MI 48038
Phone: 586.228.3246 Fax: 586.228.3725
WWW.MYVEIM.NET

To ensure both the effectiveness and the safety of your treatment, please complete this health history as accurately as you can.

PERSONAL INFORMATION

Last Name: _____ First Name: _____ DOB:_____ Gender: ☐ Female ☐ Male

Address:_____ Apt #: _____

City:_____ State:_____ Zip Code:_____

Mobile: _____ Home:_____ Work:_____

Email:_____ Contact me about special **PROMOTIONS, OFFERS, NEWS** and **FREE GIVE AWAYS**.

I AM INTERESTED IN: (Please check all that apply)

☐ LASER HAIR REMOVAL	☐ SKIN REJUVENATION	☐ SKIN CARE ADVICE / PRODUCTS
☐ SKIN TIGHTENING	☐ ACNE SCAR TREATMENT	☐ PIGMENTED LESIONS
☐ ROSACEA TREATMENT	☐ SUN DAMAGE / AGE SPOTS	☐ FACIAL VEIN TREATMENTS
☐ ACNE TREATMENTS	☐ LASER LEG VEIN TREATMENTS	☐ WRINKLE TREATMENTS
☐ PHOTOFACIAL	☐ SCLEROTHERAPY	☐ VARICOSE VEIN TREATMENT

☐ OTHER, PLEASE SPECIFY: _____

DO YOU USE SUNSCREEN: ☐ YES ☐ NO IF YES, SPF # AND BRAND: _____

WHEN YOU SUNBATHE, HOW DOES YOUR SKIN RESPOND?

☐ ALWAYS BURN, NEVER TAN ☐ USUALLY BURN, TAN WITH DIFFICULTY ☐ SOMETIMES BURN, TAN ABOUT AVERAGE

☐ ALMOST NEVER BURN, TAN VERY EASILY ☐ RARELY BURN, TAN EASILY ☐ NEVER BURN, ALWAYS TAN

MEDICAL HISTORY (Please circle your answer)

ACCUTANE	YES	NO	HEPATITIS	YES	NO
ACNE	YES	NO	HIRSUTISM	YES	NO
ALLERGIES (drug or latex)	YES	NO	HIGH BLOOD PRESSURE	YES	NO
ARTHRITIS	YES	NO	HIV POSITIVE	YES	NO
AUTOIMMUNE DISORDER	YES	NO	KELOID SCARS (other scars)	YES	NO
BLOOD DISORDERS	YES	NO	KIDNEY DISEASE	YES	NO
CANCER (radiation therapy)	YES	NO	METAL PINS IN BODY	YES	NO
COLD SORES	YES	NO	MELANOMA	YES	NO
CONTACT LENSES	YES	NO	PACEMAKER	YES	NO
DERMATITIS/ECZEMA	YES	NO	RETIN A	YES	NO
DIABETES	YES	NO	PCOS (polycystic ovarian)	YES	NO
EPILEPSY	YES	NO	SKIN PIGMENTATION	YES	NO
GENETIAL HERPES	YES	NO	STD	YES	NO
HORMONAL IMBALANCE	YES	NO	Steroid or Hormonal Therapy	YES	NO
HEART CONDITION	YES	NO	SHINGLES	YES	NO
HEMOPHILIA	YES	NO	VITILIGO	YES	NO

PATIENT QUESTIONNAIRE

Which of the following best describes your skin type? *(Please circle the one that best describes your skin type)*

I Always burns, never tans
II Always burns, sometimes tans
III Sometimes burns, always tans
IV Rarely burns, always tans
V Brown, moderately pigmented skin
VI Black skin

What is your eye color? _____ What is your hair color? _____ What is your race? _____

What is your skin color (non-exposed areas)?
☐ Reddish ☐ Very Pale ☐Beige Tint ☐ Light Brown ☐ Dark Brown

When did you last expose yourself to the sun or sunlamp/bed? _____ days/weeks/months

Have you undergone any of the following hair removal methods or cosmetic treatments in the past six weeks?
☐ Waxing ☐ Electrolysis ☐ Tweezing
☐ Depilatories ☐ Botox/collagen injections ☐ Chemical Peeling

Do you use any skin care products that contain **Retin-A**, alpha/beta hydroxy acids, or glycolic acid? ☐**Yes** ☐**No**
If so, what was the last date of their use? _____

Have you ever had laser hair removal? ☐**Yes** ☐**No**

Have you ever used ACCUTANE? ☐**Yes** ☐**No** If yes, when did you last use it? _____

Are you taking any of the following medications?
☐Tetracyclines – Tetracycline, Doxycycline ☐ Sulfa – Sulfamethoxazole, Bactrim, Septra
☐Diuretics – Lasix, Thiazide/HCTZ ☐NSAID's – Aleve/Naprosyn/Naproxen
☐Diabetics/Sulfonylureas – Glipizide, Glyburide ☐Griseofulvin

Do you have a history of any abnormal or keloid scarring? ☐**Yes** ☐**No**

Do you have a history of herpes or cold sores/fever blisters? ☐**Yes** ☐**No**

Do you have Lupus? ☐**Yes** ☐**No**

Do you have either Epilepsy or a seizure disorder? ☐**Yes** ☐**No**

Do you have any dental work like fillings, bridges and/or crowns? ☐**Yes** ☐**No**

Do you have any cosmetic or professional tattoos? ☐**Yes** ☐**No** If so, where? _____

Are you pregnant? ☐**Yes** ☐**No** If not peri- or post-menopausal, what is the date of your last menstrual period? _____

Have you ever had a blood hormone work-up? ☐**Yes** ☐**No**

Do you have PCOS (Polycystic Ovarian Syndrome)? ☐**Yes** ☐**No**

Any known Endocrine problems? ☐**Yes** ☐**No**

Do you have any significant medical problems? ☐**Yes** ☐**No** If so, what? _____

I certify that the preceding medical, personal and skin history statements are true and correct. I am aware that it is my responsibility to inform the technician, aesthetician, physician, physician assistant, or nurse of my current medical or health conditions and to update this history as a current medical history is essential for the caregiver to execute appropriate treatment procedures.

Signature: _____ **Date**: _____

LASER TREATMENT PATIENT EVALUATION

This information will help our office to better evaluate your skin type so the laser treatment will be more effective. By using the information you provide on this form, we can be better prepared to provide you with the best care. Please take a few minutes to fill out this questionnaire by circling the correct answer under the number.

Skin type is determined genetically and is one of the many aspects of your overall appearance, which also includes the color of your eyes, hair, etc. The way your skin responds to sun exposure is another way of correctly assessing your skin type. Recent tanning, whether by the sun or an artificial tanning booth, even tanning creams, can have a major impact on your skin color evaluation.

Genetic Disposition

Score	0	1	2	3	4
Your natural eye color?	Light Blue, Green, or Gray	Blue, Gray or Green	Blue	Light Brown/Dark Brown	Black
Natural color of your hair?	Sandy, Red	Blonde	Chestnut/Dark Blonde	Dark Brown	Black
Color of your non- exposed skin?	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: _____

Reaction to Sun Exposure

Score	0	1	2	3	4
What happens when you stay too long in the sun?	Painful redness, blistering, peeling	Blistering, followed by peeling	Burns sometimes, followed by peeling	Rarely burn	Never burn
To what degree do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan every 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: _____

Tanning Habits

Score	0	1	2	3	4
When did you last expose your body to sun or tanning booth/cream?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than one month ago	Less than 2 weeks ago
Do you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always

Total score for tanning habits: _____

Summary

Add up the total scores for each section for your Skin Type Score to give you a better evaluation of your skin type.

_____ **Total Score for Skin Type**

Skin Type Score	Fitzpatrick Skin Type
0-7	**I**
8-16	**II**
17-25	**III**
25-30	**IV**
Over 30	**V - VI**

Patient Signature: _____ **Date:** _____

Vascular and Endovascular Institute of Michigan P.C.

INFORMED CONSENT FOR TREATMENT WITH THE GENTLEMAX PRO

I _____ hereby authorize and direct any associates or assistants of Vascular and Endovascular Institute of MI, P.C.
(Patient Name)

to perform _____ treatment on me.
(Type of Treatment)

I understand that the GentleMax Pro from Candela is a device used for hair removal, skin rejuvenation, acne treatment, wrinkle reduction, and skin tightening, of which I am consenting to be a patient receiving the treatment stated above. I specifically acknowledge that no guarantees or warranties have been made concerning the results of the procedure.

The following points have been discussed with me and I understand:

- Eye protection must be worn at all times during the treatment.
- I understand that the purchase of a package does not ensure that I will not need additional treatments.
- I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so.
- I confirm that I am not pregnant at this time. I acknowledge that it is my responsibility to let my technician know if I become pregnant during treatment.
- I do not have a pacemaker or internal defibrillator.
- I have not taken **Accutane** within the last 6 months.
- Close adherence to ideal laser schedules will improve your results. Conversely, failure to follow the laser schedule may diminish your results and in turn require more treatments than normal.
- I hereby authorize Vascular and Endovascular Institute of MI, P.C. or any associates to take pictures of the treated area to be used in my patient file as well as anonymous use for the purpose of education and promotion.
- I understand that immediately following the laser treatment, the treated area will appear as a red discoloration and have edema (swelling). The redness (erythema) and discoloration may take up to 6 months to heal. The treated area will feel like a sunburn for a few hours after the treatment.
- I have received a copy of the pre and post laser treatment document. Aftercare guidelines are crucial for healing, prevention of scarring and hyperpigmentation.
- I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form.

ACKNOWLEDGE

I understand that I release Vascular and Endovascular Institute of MI, P.C. and its associates, the Medical Director, the laser technician performing services, and any other person involved in my treatment from any liability associated with complications from the laser procedure. I understand that all procedures are priced per treatment. I understand that no guarantees can be made and all payments are non-refundable. By my signature below, I certify that I have read and fully understand the contents of this permission and authorize the performance of my treatment with the GentleMax Pro by the staff of Vascular and Endovascular Institute of MI, P.C.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Vascular and Endovascular Institute of Michigan P.C.
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WRITTEN FINANCIAL POLICY

Thank you for choosing Vascular and Endovascular Institute of Michigan P.C. Our primary mission is to deliver the best and most comprehensive care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

You can choose from:

- Cash, Check, Visa, MasterCard, Care Credit, or Discover Card

  We offer a 5% courtesy accounting adjustment to patients who pay in full for their treatment with cash prior to the beginning of any treatment for treatment plans of $1,000 or more.

- NO INTEREST Payment Plans from Care Credit
  - Allows you to make payments with NO INTEREST
  - Convenient, low monthly payment plans available
  - No annual fees or pre-payment penalties
  - Must be paid in full within the promotional period

Please note:

Vascular and Endovascular Institute of Michigan P.C. requires payment for all treatments due at the time of the treatment. For promotional packages or grouped treatments, payment for the entire package is due prior to the first scheduled treatment.

All sales are final and non-refundable.

Vascular and Endovascular Institute of Michigan P.C. charges $35.00 for returned checks.

All Service packages and pre-paid treatments (except Laser Hair removal) must be used within 12 months of date of purchase or they will expire.

Laser Hair Removal must be used within 18 months of date of purchase or they will expire.

If you have any questions, please do not hesitate to ask. We are here to help you get the quality care you deserve.

_____ _____

Patient Name (Please Print) **Date**

_____

Patient or Guardian Signature

* If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required.

** Subject to credit approval

*** However, if we do not receive payment from your insurance carrier within 30 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.