



PATIENT/CLIENT INTAKE FORM

The following information needs to be gathered in order for us to formulate a safe and effective treatment plan for you. This information will be kept confidential and cannot be released without your written consent unless obliged by law. This information may be shared amongst other health information custodians or circle of care for the purpose of your health care. Please feel free to ask any questions about the information being requested.

Last Name: _____ Name: _____ Gender: M ___ F ___ Date Of Birth: _____
(mm/dd/yyyy)

For Office Use Only
Driver's License Number: _____ Photo Id: Y ___ N ___

Address: _____ Apt: _____ City: _____
 Postal Code: _____ Home Phone: _____ Bus: _____
 Cell: _____ Email: _____ Occupation: _____
 Who May We Thank For Referring You To Our Care? _____

name of family member, friend, co-worker, internet, yellow pages, street sign etc.

HEALTH HISTORY:

(CHECK ALL THAT APPLY)

Anxiety		Chemo/ Radiation	
Diabetes		Tuberculosis	
Infection		Acne/ Skin conditions	
HIV & AIDS		Cold sores	
Cancer/ Tumors		Psoriasis/ Rosacea	
Muscle/ Joint Pain		Recent surgery	
Asthma or lung problems		Hormone imbalance	
Skin Sensitivities/ Bruise easy		Irregular Menstruation	
Bleeding		Recent Botox	
Pace Maker/ Metal implants		Heart Disease	
High/ Low Blood pressure		Hepatitis (Type)	
Epilepsy		Bacterial infection/ STD -Herpes	
Pregnancy or trying		Immune disorders	

Do you have any known allergies (latex, food, aspirin, other)? _____

Recent surgery/ Operations, type: _____ Date: _____

Current Medications & Conditions Treated: _____

Please check what categorizes you best:

SKIN TYPE	SKIN COLOR	SUN EXPOSURE
Type 1	White	Burn, never tans
Type 2	White	Burn, tans minimally
Type 3	White	Tan, minimal burn
Type 4	Light brown	Tan, minimal burn
Type 5	Brown	Tan, rarely burns
Type 6	Dark brown or black	Tan

Inside Out Wellness Center prides itself on integrity and professionalism and providing you with a pleasant experience in any of the services we offer. All information provided above will be held in strict confidentiality and will be kept very private. Our service providers ensure quality and safety of client's personal information.

I, _____, have answered these forms truthfully to the best of my knowledge.

Client Signature: _____ Date: _____

Laser Hair Removal Consent Form

I duly authorize _____ to perform the Soprano XL/ NIR
I understand that the Soprano XL/NIR is an infrared device designed for topical heating and the clinical results may vary with different skin types. I understand that there is a possibility of short-term effects such as reddening, scabbing, temporary bruising and temporary discoloring of the skin as well as far side effects such as scarring and permanent discoloration.

The success and effectiveness of Laser Hair Removal will vary from one individual to the next. Contributing factors to the number of treatments required for optimum results will be discussed on the day of your consultation and during the course of your treatments.

'Clinical results may vary depending on individual factors including medical history, skin type, patients' compliance with pre or post treatment instructions and individual instructions to treatments.

I understand that the treatment by Soprano XL/NIR topical heating system involving series of treatments and the fee structure has been fully explained to me. I certify that I have been given the opportunity to ask questions about the treatment.

- I agree that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible complications.
- I confirm that I am not pregnant at this time.
- I confirm that I am not taking Accutane now or in the last 6 months.
- I do not have a pace maker or internal defibrillator. I have also completed the medical history checklist and have been informed about the contra - indications during, before, and post treatment perils.
- I understand that there are no guarantees provided to me as to the final result.
- I agree to notify you of any changes in daily activities, health, or medication changes that may be crucial to the treatments.
- I agree that I have been given the opportunity to ask questions about the treatment.
- It has been requested that I shave treatable areas prior to laser hair removal treatments. If the technician has to shave the specific area, a fee of \$25 and up + HST will apply.
- Laser treatments and credits are non-transferable and non-redeemable for cash or any refund of any method of payment.
- I understand that my laser hair removal treatments are to be scheduled 6-8 weeks between sessions during treatment period, based on appointment availability. - I understand that 24hour notice is required for any cancellations or changes to scheduled appointments. Any missed appointments without 24 hour cancellation notice, will be charged at a full session fee and any prepaid treatments will be forfeited.
- I am aware that any laser hair removal promotion packages are to be purchased with CASH or DEBIT method of payment only.
- Taxes are applicable to all laser hair removal treatments.
- I understand that InsideOut Wellness Centre can provide courtesy notification for my appointments via text, e-mail or telephone. It is my responsibility to note the time and date of all my appointments. I understand that a minimum of 24 hours notice is required to change or cancel my appointment.

I acknowledge that all information provided by me is complete and accurate for the purpose of receiving treatments with Soprano XL/NIR. I have read and fully understand the contents of this consent form and not withstanding any information herein to the contrary. I confirm that this agreement and all changes verbal, written and typed is final acceptance by all parties.

Client signature

Date

**Most services are covered by Extended Health Insurance. Please check with your benefits administrator at work.
45-3560 Rutherford Road, Woodbridge, ONT. L4H 3T8 Tel. 905-303-4622**