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.

Full Name		
Date of Birth (MM/DD/YYYY):		Gender: Male or Female
Cell Phone:	Home Phone:	Work Phone:
Email Address:		
Address:		Apt #:
City:	Province:	Postal Code:
Occupation:		
Who may we thank for referring you to our care?		

General Health History:
Please check any or all of the following which apply to you:

Anxiety		Chemo/Radiation	
Diabetes		Tuberculosis	
Infection		Acne/Skin Conditions	
HIV/AIDS		Cold Sores	
Cancer/Tumours		Psoriasis/Rosacea	
Muscle/Joint Pain		Recent Surgery	
Asthma or Lung Problems		Hormone Imbalance	
Skin Sensitivities/Bruise Easily		Irregular Menstruation	
Bleeding		Recent Botox	
Pace Maker/ Metal Implants		Heart Disease	
High/Low Blood Pressure		Hepatitis	
Epilepsy		Bacterial Infection/STD	
Pregnancy (or trying)		Immune Disorders	

Do you have any known allergies (latex, food, Aspirin, other)?
Have you had any recent surgeries or operations?
Are you currently on any medications? If yes, for which conditions:

Skin Analysis:
Please check off the skin type which best describes your skin:

Skin Type	Skin Colour	Sun Exposure
Type 1	White	Burns, never tans
Type 2	White	Burns, tans minimally
Type 3	White	Tans, minimally burns
Type 4	Light Brown	Tans, minimally burns
Type 5	Brown	Tans, rarely burns
Type 6	Dark Brown or Black	Tan

Laser Hair Removal Consent Form:

I consent to the service being undertaken and I hereby indemnify InsideOut Wellness Centre and its Owners and Staff from any claims whatsoever.

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 possibility of short term effects such as reddening, scabbing, temporary bruising and temporary discolouring of the skin as well as far side effects such as scarring and permanent discolouration.

The success and effectiveness of Laser Hair Removal will vary from one individual to the next depending on factors including medical history, skin type, patients' compliance with pre or post treatment instructions and individual instructions to treatments. 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.

I understand that the Soprano XL/NIR topical heating system involves a 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 the purpose of the procedure, expected outcomes and possibly complications. I agree that there are no guarantees provided as to the final result.

I understand that this service is a cosmetic treatment and that no medical claims are expressed or implied.

I understand that there are no guarantees or refunds as to the results of this service.

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 before, during and post treatment perils.

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 24 hours' notice is required for any cancellations or changes to my scheduled appointments. Any missed appointments without 24 hour cancellation notice will be charged at a full session fee and any prepaid treatment will be forfeited. Taxes are applicable to all laser hair removal treatments.

I understand that InsideOut Wellness Centre can provide courtesy notifications for my appointments via text, email, or telephone. It is my responsibility to note the time and date of my appointments. I understand that a minimum of 24 hours' notice is required to change or cancel my appointment.

All information is solely collected for the internal use of InsideOut Wellness Centre and will not be shared with any third parties. InsideOut Wellness Centre is the guardian of my file. My file will only be released with a duly executed authorization form signed by me.

I have read and understand all aspects of this consent form and am not withholding any pertinent information. I agree that this constitutes full disclosure and that it supersedes any previous verbal or written disclosures.

I confirm that this agreement and all changes verbal, written, and typed is final acceptance by all parties.

Client Name (Printed): _____

Client Signature: _____ Date: _____