

Name: _____ Date: _____

What brings you to the office today?

If applicable, please check surgical procedure(s) that are of interest:

Breast Surgery

- Breast augmentation Breast lift Breast reduction Gynecomastia correction

Body Contouring

- Tummy tuck Liposuction Thigh lift Lower body lift Upper arm lift

Facial Rejuvenation

- Browlift Facelift Midface lift Chin augmentation Otoplasty
 Eyelid lift Necklift Fat grafting Rhinoplasty Other: _____

Do you have any of the following concerns? (Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Acne/acne scars | <input type="checkbox"/> Unwanted body hair |
| <input type="checkbox"/> Facial fine lines and wrinkles | <input type="checkbox"/> Unwanted facial hair |
| <input type="checkbox"/> Length, thickness, or darkness of eyelashes | <input type="checkbox"/> Frown lines between the brows |
| <input type="checkbox"/> Sagging facial or neck skin | <input type="checkbox"/> Lines around the nose and mouth |
| <input type="checkbox"/> Skin texture issues | <input type="checkbox"/> Dark circles below eyes |

Are you interested in learning more about the following? (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> BOTOX Cosmetic® | <input type="checkbox"/> Skin rejuvenation |
| <input type="checkbox"/> JUVÉDERM® / Restylane® injectable gels | <input type="checkbox"/> Skin care products |
| <input type="checkbox"/> Latisse® (for longer, thicker, darker lashes) | <input type="checkbox"/> Facials and eye-area treatments |
| <input type="checkbox"/> Laser hair removal | <input type="checkbox"/> Skin analysis and care recommendations |
| <input type="checkbox"/> Laser skin resurfacing or skin tightening | <input type="checkbox"/> Chemical peels |
| <input type="checkbox"/> Microdermabrasion | <input type="checkbox"/> Facial vein removal |
| <input type="checkbox"/> Sun protection | |

Other: _____

How did you hear about us?

- Friend or family member: _____
- Physician or other healthcare provider: _____
- Ad or article (Please indicate name of magazine, etc.): _____

Internet (Please indicate the primary website that helped you find Michael Law MD, PA/Blue Water Spa):

- Surgery.org (ASAPS) Plasticsurgery.org (ASPS) RealSelf.com
 Page One of Google/Bing/Yahoo Search CitySearch.com

Other: _____

Seminar or other event (date & location): _____

Other: _____

PATIENT INTAKE FORMS

Name: _____
First Middle Last Today's Date

Address: _____ City: _____ State: _____

Zip: _____ Home Phone: _____ Work: _____

Cell: _____ E-mail address: _____

How do you prefer to be contacted? ___ Any of the above ___ Work ___ Home ___ Cell ___ Email

Date of Birth: _____

Marital status: ___ Married, spouse's name _____ ___ Not Married

Reason for today's visit: _____

Health History and/or Current Conditions ~ Please check ALL that apply, and provide details

Neurological: ___ seizures ___ headaches ___ stroke/TIA ___ dizziness ___ fainting
___ other (please describe) _____

Cardiovascular: ___ high blood pressure ___ abnormal rhythm ___ chest pain ___ heart attack
___ other (please describe) _____

Respiratory: ___ asthma ___ COPD/chronic bronchitis ___ pneumonia ___ persistent cough
___ other (describe) _____

Digestive: ___ peptic ulcer/gastritis ___ gastric reflux ___ hepatitis ___ gallstones
___ other (describe) _____

Endocrine: ___ hypothyroidism ___ hyperthyroidism ___ diabetes: (___ insulin ___ oral meds)
___ other (describe) _____

Urologic: ___ kidney failure ___ dialysis ___ frequent UTI ___ kidney stones
___ other (describe) _____

Hematologic: ___ anemia ___ bleeding disorder ___ leukemia/lymphoma ___ blood clots
___ frequent bruising ___ other (describe) _____

Infections: ___ HIV/AIDS ___ tuberculosis ___ hepatitis ___ other _____

OB/Gyn: ___ currently pregnant ___ attempting conception ___ currently breast-feeding
___ other (describe) _____

Musculoskeletal: ___ low back pain ___ mid back pain ___ shoulder pain ___ neck pain
___arthritis ___ joint replacement ___ ligament repair/ reconstruction
___other (describe) _____

Surgeries (YEAR and TYPE for each please): _____

Do you have any children? (Number of Pregnancies): _____

Medications (NAME and DOSAGE, including current prescriptions, over-the-counter and herbal medications):

Allergies: ___ drugs/medications ___ adhesive tape ___ latex ___ food ___ environmental

Please describe allergy and nature of reaction: _____

Tobacco use (amount and duration): former smoker _____ current smoker _____

Alcohol consumption: ___ never ___ rarely ___ socially ___ several times/week ___ daily

Occupation/work duties: _____

Physical activity: ___ never ___ occasionally ___ 2-3 days/week ___ almost everyday

Type of exercise: _____

Primary care physician: (name, address, and phone)

Are you currently being treated, or have you ever received treatment, for an emotional or psychiatric disorder? (Describe, including any prescription medications)

I have answered all questions honestly, and to the best of my knowledge. I agree to inform a Blue Water Spa / Michael Law MD professional of any changes in the following:

- my health or physical condition
- my preferred contact information
- my address and phone number
- my Health Insurance Policy (if applicable)

→ Signature _____

May we thank someone for referring you to us? _____

OFFICE POLICIES

SCHEDULING APPOINTMENTS

Due to the demand for our medical and spa services, we highly recommend you make an advance reservation. Although we are unable to guarantee specific service providers, we will always do our best to accommodate your requests.

A major credit card is required to hold your reservation(s).

INITIAL

Please advise us upon booking of any allergies, ailments, disabilities, high blood pressure, pregnancy or if wheel chair access is required.

CANCELLATIONS

Should you need to change or cancel an appointment, please contact us 24 hours in advance of your scheduled appointment for spa services or 48 hours for appointments with Dr. Law. **All cancellations with less than 24 hours notice will automatically result in a \$50 missed appointment fee for Blue Water Spa appointments. All cancellations for a consultation with Dr. Law with less than 48 hours notice will result in a full charge of the consult fee paid, and client must repay the consultation fee to reschedule.** This courtesy enables us to compensate our employees for their time, and maintains a higher availability of our time for you as well as others. By scheduling an appointment, you are agreeing to our cancellation policy.

INITIAL

We ask that first time patients and clients arrive at the office 15 minutes prior to their scheduled appointment time to complete necessary paperwork. Existing patients and clients should arrive 5 minutes prior to scheduled treatment time to check in. Please be aware that late arrivals may result in a shortened or cancelled appointment.

CELL PHONES

In order to ensure the privacy and comfort of our patients and clients, we **DO NOT** allow cell phones in our office and spa. Please make sure that your cell phone is turned to off or vibrate prior to entering. If you are expecting a call of an urgent nature, you are welcome to leave our phone number with child care providers or others who may need to reach you urgently.

INITIAL

MINORS

Due to the nature of our services and the atmosphere that we strive to create for our clients, we do not allow children under the age of 18 in the spa. Children ages 15 and up scheduled for treatments must be accompanied by a parent or legal guardian.

INITIAL

ID VERIFICATION

In compliance with the Federal Trade Commission (FTC) Red Flags Rule regulations, patients will be required to present photo identification when using a credit card for payment.

INITIAL

APPOINTMENT REMINDERS

Reminders for appointments are sent out via email and text. If you do not wish to receive emails or text please inform our staff or simply reply "stop" and you will automatically be opted out. Message and data rates may apply.

INITIAL

CELL PHONES/ CAMERAS/ OTHER RECORDING DEVICES

Due to the nature of our services and in compliance with HIPAA guidelines, we do not allow cameras, cell phones or other recording devices to be used in our office. Patients and guests are prohibited from taking photos or video inside of our office, either before or after their treatments.

INITIAL

PLEASE NOTE: Unsatisfactory results are possible, although most patients are pleased with the results of our services. As with any cosmetic procedure, there is no guarantee that you will be satisfied. In these situations please note that no refunds will be given for services rendered.

INITIAL

I have read and agree to the policies stated above.

Signature

Date

RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN
ACKNOWLEDGEMENT FORM

I, _____, have read the

(Please print your name)

Notice of Privacy Practices, for Michael Law, MD / Blue Water Spa, and
been offered a copy to keep.

(Signature)

(Date)