The Spa At MEC • CA

INTAKE FORM

Name:		Date:	Occupation:
Address:			Buisness Name:
City:		Zip Code:	Date of Birth:
Marital Status	☐ Single ☐ Married ☐ Divorced ☐ Widowed		Email:
Emergency Contact:		Phone:	Cell Phone: carrier:
How did you hear about us: ☐ Internet ☐ Print/Ad ☐ Email ☐ Social media		☐ Friend (name):	☐ Other: _____

1. HEALTH HISTORY *please check all that apply*

☐ Numbness/Tingling	☐ Lymph Edema	☐ Allergies
☐ Rashes	☐ Jaw Pain/TMJ	☐ Blood Clots
☐ Cold Sore	☐ Herpes/Shingles	☐ Headaches/Neck or Back Pain
☐ Broken/Fractured Bones	☐ Cancer	☐ Chronic Pain
☐ Breastfeeding	☐ Pregnancy (____ weeks)	
☐ Other (explain):		

Please list any accidents or surgeries you have had:

Are you allergic to any oral or topical medications? ☐ Yes ☐ No If yes, please list:

List of medications you are currently taking:

2. TODAY'S VISIT

What service are you here for today? ☐ Chemical Peel ☐ Facial ☐ Botox ☐ Filler ☐ Massage

Have you ever received this service before? ☐ Yes ☐ No

If today's visit is for a massage, kindly skip to section #5

3. SKIN CARE

Are you under the care of a dermatologist? ☐ Yes ☐ No

Do you use: ☐ Adapalene ☐ Accutane ☐ Retin A ☐ Other prescription skin products ☐ Glycolic Acid ☐ Retinoic Acid ☐ Renova

Have you had a: ☐ Chemical Peel ☐ Microdermabrasion ☐ Botox ☐ Other resurfacing treatments

4. SKIN MAINTENANCE

Products you use: ☐ Soap ☐ Cleanser ☐ Toner ☐ Moisturizer ☐ Exfoliator ☐ Masque

Skin Type: ☐ Oily/Congested ☐ Dry ☐ Sensitive/Redness ☐ Acne ☐ Sunburned ☐ Eczema ☐ Psoriasis

Are you concerned with any of the following? ☐ Other, please describe: ☐ Acne ☐ Red Spots ☐ Broken Capillaries ☐ Rosasea ☐ Brown Spots ☐ Fine Lines/Wrinkles

Do you use a tanning bed? ☐ Yes ☐ No Do you use sunscreen? ☐ Yes ☐ No

What are your skin care goals?

5. MASSAGE THERAPY

Is this your first time receiving a massage? ☐ Yes ☐ No

What type of pressure do you prefer?

Is there any area of your body you do not want massaged?

PLEASE FILP OVER THIS PAGE

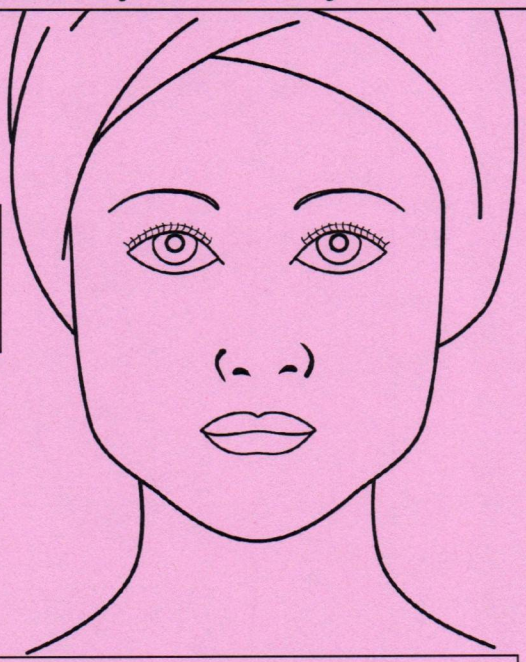
Patient Concerns

NAME:_____ DATE:_____

EMAIL:_____ PHONE:_____

Please indicate your areas of concern below:

Photos Taken ☐



Forehead Lines/ Frown Lines?
Yes No

Improve Texture of Skin/Large Pores?
Yes No

Facial Volume Loss?
Yes No

Nose-to-Mouth Lines?
Yes No

Lips/Volume Loss?
Yes No

Lip Lines/Lipstick Bleed Lines?
Yes No

Hair Removal?
Yes No

Crow's Feet?
Yes No

Under Eye Circles/ Lines/Bags?
Yes No

Brown Spots/Freckles?
Yes No

Broken Blood Vessels?
Yes No

Acne Scaring/Facial Scars?
Yes No

Red Spots/Flushing?
Yes No

Texture/Saggy Skin?
Yes No

Longer Lashes? Yes No

Are you interested in Skin Care?
Yes No

Double Chin/ Turkey Neck?
Yes No

Neck and Chest Discoloration?
Yes No

Thinning Hair? Yes No

Clinician Use Only:

Patient's Primary Concern:

Clinical Recommendations:

Skin Care:

Injectables:

Procedures:

Peels:

Likelihood of Compliance:

Any Quote Given:

The Spa At
MEC • CA
(973) 943-4300 • meccaspa.com

So that we may better serve you, please answer the following questions:

When looking at my face in the mirror, I believe I look:

Younger than my age My true age Older than my age

I am bothered by:

Unwanted hair growth on face/body	□ Yes	□ No
Redness in my face	□ Yes	□ No
Fine lines and wrinkles on my face	□ Yes	□ No
"Crow's Feet"	□ Yes	□ No
Thin lips	□ Yes	□ No
Wrinkles around my mouth	□ Yes	□ No
"Hollow" cheeks	□ Yes	□ No
Red veins on my face	□ Yes	□ No
Red spots on my face/body	□ Yes	□ No
Deep lines on my cheeks/ "jowls"	□ Yes	□ No
Dark spots on my face/chest/hands	□ Yes	□ No
Blemishes/blackheads/whiteheads	□ Yes	□ No
Acne scars	□ Yes	□ No

Procedures or products of interest to you (please check all that apply)

- ☐ BOTOX Cosmetic
- ☐ Dermal Fillers (i.e. Juvederm, Restylane, Voluma)
- ☐ Facials
- ☐ Skincare Programs
- ☐ Correction of Sun Damage or Age Spots
- ☐ Hair Removal
- ☐ Chemical Peels
- ☐ Correction of Leg Veins
- ☐ Lytera Lightening System for hyperpigmentation
- ☐ Other, please specify _____

How did you hear about us?

- ☐ My physician (full name) _____
- ☐ A friend or family member (full name) _____
- ☐ Internet
- ☐ Other (please list) _____

Cancellations within 24 hours of scheduled appointment are subject to a $25.00 cancellation fee

Patient Signature: _____ Date: _____

The Spa At MECCA

CONSENT FORM

It is my choice to receive spa therapies. I have completed this form to the best of my knowledge. I have stated all medical conditions that I am aware of and I will update The Spa at Mecca of any changes in my health status. I understand that Aestheticians and Massage Therapists do not diagnose illness, disease, or physical and mental disorders, nor do they prescribe medical treatments, pharmaceuticals, or perform spinal manipulations. I acknowledge that these treatments are not a substitute for a medical examination or diagnosis, and that is recommended I see a primary health care provider for that service. If I am unable to make a scheduled appointment, I agree to cancel the appointment 24 hours in advance by phone, unless I have an emergency. In this case I will call ASAP to reschedule my appointment. If I miss an appointment without giving 24 hour notice, I agree to pay the missed appointment fee that applies.

I understand that any illicit or sexually suggestive behavior, remarks or advances made by me will result in the immediate termination of the session. and I will be liable for payment of the scheduled service.

I am also aware of the cancellation policy, which states that in the event that a client needs to cancel an appointment, he or she must do so at least 24 hours before scheduled service. Failure to do so will result in an automatic charge of $25 dollars.

Full Name (Printed) : _____

Signature: _____

Date: _____

If the patient is a minor, please have the legal guardian sign consent in addition to the underage client

Name of Responsible Party: _____

Signature: _____

Relationship to client: _____

Patient Testimonial, Video, Photo, Audio Release Consent

Consent to Release: I hereby authorize Mecca Integrated Medical Center LLC and staff to use and disclose my testimonials, photos, videos, and audio recordings in any medium for educational, promotional, advertising, and/or any other purpose that supports the mission of Mecca Integrated Medical Center LLC.

I understand and approve the disclosure of the testimonials, photos, videos, audio information to the media and other individuals and entities that may be involved in the media/public relations efforts of Mecca Integrated Medical Center LLC. I understand that Mecca Integrated Medical Center LLC and my treating healthcare provider will not be providing any protected information (except first name) to the media or the public, including private health information in my medical records, the confidentiality of which may be protected by federal and state statutes and regulations, including the Health Insurance Portability and Accountability Act (HIPAA). I waive the right of prior approval and hereby release Mecca Integrated Medical Center LLC from any and all financial compensation and/or claims for damages of any kind based on the use of my testimonials, pictures, videos, or audio recordings. By signing below, I agree and acknowledge that I have read and understand the above release and agree to all terms described. I am of legal age and freely sign this Consent to Release my Patient Testimonial and Other Media to Mecca Integrated Medical Center LLC.

Right to Revoke: You have the right to revoke this release at any time by providing written notice of your revocation and submitting it to the office of the community relations coordinator. Please understand that revocation of this release will not affect any action Mecca Integrated Medical Center LLC took in reliance on this release before receiving your revocation.

Signature _____

Print Name_____

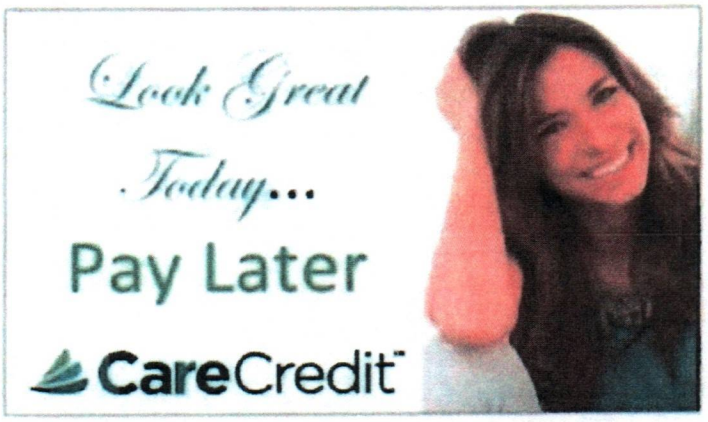
Date _____

Please provide your contact information:

Address _____

Phone _____

Email _____



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For cosmetic and dermatologic procedure financing

Think of CareCredit as your own **health, wellness and beauty credit card**. Whether it's plastic surgery, facial rejuvenation or a skin care visit, you shouldn't have to worry about how to get the procedures you want. That's why we're pleased to accept the CareCredit health, wellness and beauty credit card. CareCredit lets you say "Yes" to recommended surgical and non-surgical cosmetic procedures, and pay for them in convenient monthly payments that fit your financial situation.

With special financing options*, you can use your CareCredit card again and again for your cosmetic needs, as well as at 200,000 other healthcare providers, including dentists, optometrists, veterinarians, ophthalmologists and hearing specialists.
It's free and easy to apply and you'll receive a decision immediately. If you're approved, you can schedule your procedures even before you receive your card. With more than 21 million accounts opened since CareCredit began nearly 30 years ago, they are the trusted source for healthcare credit cards.

Learn more by visiting www.carecredit.com.
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Step 2:
Click on JOIN WITH BRILLIANT DISTINCTIONS

You will need your user name and password.

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Step 2:
Click on CREATE A NEW ACCOUNT