



NEW CLIENT QUESTIONNAIRE

Name _____ Date _____ Birthdate _____ Age _____

Address _____ City _____

State _____ Zip _____ Email Address (for discounts/coupons) _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Please specify on which phone you would like a confirmation message left. _____

Occupation: _____

What skin care products do you use? _____

What Cosmetic Improvement would you like to see in your skin? _____

Do you currently use Retin-A, Retinols, Alpha/Beta hydroxyl acids, or Prescription topicals?	Y	N
Are you currently pregnant or breastfeeding?	Y	N
Are you taking any antibiotics at this time?	Y	N

Please list any medications/foods you are allergic to:

Past Medical History (Please check all that apply)

<input type="checkbox"/> Acne	<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Cancer	<input type="checkbox"/> Eczema
<input type="checkbox"/> Hives	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Pigmented Moles
<input type="checkbox"/> Rosacea	<input type="checkbox"/> Smoking	<input type="checkbox"/> Accutane	<input type="checkbox"/> Cold sores/fever blisters

How did you hear about Allura? For referrals that purchase a service, you will receive a gift certificate for One free microdermabrasion or ultrasonic facial. We hope you enjoy your services and tell your friends.

<input type="checkbox"/> Friend, is so who? _____	<input type="checkbox"/> Internet	<input type="checkbox"/> Television
<input type="checkbox"/> Physician (Name) _____	<input type="checkbox"/> Bella	<input type="checkbox"/> The Yellow Book
<input type="checkbox"/> Postcard or Flyer	<input type="checkbox"/> Rke Times	<input type="checkbox"/> Facebook
<input type="checkbox"/> Charity Function, which one? _____		
<input type="checkbox"/> Other (please specify) _____		

Payment Policy: Payment must be received at time of service. Package prices are due in full at time of first service. We accept MasterCard, Visa, Discover, American Express, Personal checks, and Cash.

Refund Policy: Services and treatment packages are non-refundable and non-transferable. Please refer to the service consent form for possible reactions and outcomes.

Cancellation Policy: If cancellation occurs with less than 24 hour notice you will be subject to a cancellation Fee. With the exception of unexpected illness or an emergency.

Emergency Contact: Name _____ Phone (____) _____ Relationship _____

By signing below I consent to Allura's Policy's and have been truthful on the above information.

Patient Signature: _____