



# Optimal Hormone Health & Aesthetics

5061 FM 2920, Spring, TX 77388  
(281) 465-9209  
(281) 651-4875-fax

## Aesthetics Patient Questionnaire & History

Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hm Ph. #: \_\_\_\_\_ Cell Ph #: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Past Medical History

#### Medical Conditions (Check all that apply)

Hypertension  Heart Disease  Thyroid Imbalance  High Cholesterol  Diabetes  Hormone Imbalance  PCOS  Herpes or Cold Sores  
 Depression  Anxiety  Cancer  Blood Clotting Abnormalities  Pacemaker  HIV/AIDS  Epilepsy/Seizures  Keloid Scarring  
 Eczema  Psoriasis  Hepatitis  
Other: \_\_\_\_\_

#### Have you ever experienced the following? (Check all that apply)

Facial  Microdermabrasion  IPL- Photo Facial  Tattoo Removal  Micro needling  Silk Peel  
 HydraFacial  Botox  Fillers  Vein Removal  Laser Hair Removal  Skin Resurfacing  Chemical Peel  
Other: \_\_\_\_\_

#### Do you suffer from any of the following problems?

Whiteheads  Blackheads  Rosacea  Age Spots  Hyperpigmentation  Hypopigmentation  Scars  Ingrown Hairs  
 Stretch Marks  Oily Complexion  Dry Skin  Acne  Fine Lines/ Wrinkles  Broken Capillaries  Hair Loss

List Medications (Accutane, photosensitive medication, antibiotics, etc.):

\_\_\_\_\_

List Allergies to medications or latex: \_\_\_\_\_

What Topical medications or creams are you currently using?  Retina,  Other: \_\_\_\_\_ Skincare Products currently using: \_\_\_\_\_  
Alcohol Use: \_\_\_\_\_ No \_\_\_\_\_ Yes ( If yes, how often?) \_\_\_\_\_  
Tobacco Use: \_\_\_\_\_ No \_\_\_\_\_ Yes ( If yes, how often?) \_\_\_\_\_

Have you had any recent tanning or sun exposure that changed the color of your skin?  No  Yes

Have you recently used any self- tanning lotions or spray tanned?  No  Yes (If yes, when was the last application? \_\_\_\_\_)

Are you pregnant or breastfeeding?  No  Yes

Have you taken Accutane in the past 6 months?  No  Yes (If yes, what was the date of the last dosage?) \_\_\_\_\_

I understand that I am financially responsible for any balance & payment that is due at the time of service. We are not contracted with any insurance companies for reimbursement and do not file claims. I certify that the preceding medical, personal and skin history statements are true and correct. I am aware that it is my responsibility to inform the technician, esthetician, therapist, doctor or nurse of my current medical or health conditions and to update this history. A current medical history is essential for the caregiver to execute appropriate treatment procedures.

**I understand, Optimal Hormone Health & Aesthetics (OHHA) does not offer refunds, OHHA may offer spa credits towards services not performed with manager's approval.**

\_\_\_\_\_

Patient Signature

Print Name

Date



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## Office Policies and Procedures for Patients

(Please Initial in the spaces provided and sign the bottom)

### HIPAA Information and Consent Form:

\_\_\_\_\_ I hereby consent and acknowledge my agreement to the terms set forth in the HIPAA INFORMATION FORM, a copy of which has been provided to me by OHHA and any subsequent changes in office policy. I understand that this consent shall remain in force from this date forward.

### Financial Policies

\_\_\_\_\_ ALL PAYMENTS ARE EXPECTED AT THE TIME OF SERVICE.

Payment is required at the time services are rendered unless other arrangements are made in advance. We accept cash, VISA, MasterCard, Discover and American Express.

### Late Arrival

\_\_\_\_\_ It is our goal to provide quality time and care to each patient. While we understand there may be some things out of our control, we encourage you to be ON TIME for appointments. Late arrivals may interfere with another patient's care. We will do our best to accommodate you if you are running late but depending on scheduling, it may be necessary to reschedule.

### No Show

\_\_\_\_\_ A "no show" is someone who misses an appointment without calling or fails to give 24-hour notice. Three (3) "no shows" within a calendar year may result in loss of service. You will also be billed a "no show" fee in the amount of \$50.00 if you are unable to provide our office 24-hour notice.

### Refund Policy

\_\_\_\_\_ Optimal Hormone Health & Aesthetics does not offer refunds on services. We may do a spa credit for services not performed on your account towards spa services only with manager's approval.

### Product Return Policy

\_\_\_\_\_ Our policy allows you 14 days from the purchase date to return a product with which you have had an adverse reaction. If you have a reaction to the product and would like to return it, you will need to complete and "Adverse Reaction Form." The original receipt must be present for a full refund; you will receive a spa credit without a receipt.

### Patient Safety Policy

\_\_\_\_\_ Due to our Insurance policy and the safety of our patients, only the patient receiving treatment will be allowed in the treatment room. Any guests accompanied with the patient over the age of 18 will have to wait in the waiting area.

### Policy regarding Children

\_\_\_\_\_ Children under the age of 12 are not allowed in the Spa area of the clinic. Optimal Hormone Health & Aesthetics will need to reschedule your appointment for a later date if a patient is accompanied with a child under the age of 12.

I have read and understand Optimal Hormone Health & Aesthetics' policies regarding its

services. Patient Name (Print): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## Reservation and Cancellation Policy

Spa services are available by appointment only. All services must be guaranteed with a major credit card to reserve your appointment. We recommend booking reservations in advance and will do everything possible to honor your request and time. Appointments are booked based on availability. We recommend scheduling your appointment one or two weeks in advance to ensure availability.

### **24- Hour cancellation policy:**

We aim to provide our patients the highest quality service and we pride ourselves on our exceptional staff. If you cancel within less than 24 hours of your scheduled appointment, we not only lose your business, but also the potential business of other patient who could have taken your scheduled appointment time. For this reason, we are still obligated to compensate our staff for their time as well as make up for our lost revenue.

Same day appointment cancellations less than 24-hour notice will be charged \$25.00. No-show appointments will be charged \$50.00. If a credit card is declined for cancellation/ no-show transactions, that appointment will count as services rendered/ forfeited. This ensures all other guests the opportunity to enjoy our services. To cancel your appointment, you must speak to an employee directly. If you cannot speak with an employee, you must leave a detailed voice message or an email to [info@optimalhormone.com](mailto:info@optimalhormone.com).

**Failure to give credit card information will not have the option for the \$25 or \$50 fee; late cancellation or no-show appointments will count as services rendered/forfeited.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

CVC Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_



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## AUTHORIZATION FOR USE OF PHOTOGRAPH

It is the policy of Optimal Hormone Health & Aesthetics (OHHA) to protect its patients, within reasonable limits, from invasion of privacy that might occur from the use of photography, videotaping, digital imaging, and other visual recording during patient care or other health system activities. Consent must be obtained before any patient may be photographed. Specific written authorization must be obtained before any patient's photograph will be released.

In facilities where patient photography is used routinely to document patient care, the practice of patient photography in healthcare operations should be included in the HIPAA- mandated notice of information practices, as well as in the consent for treatment signed on admission.

I understand that photographs, videotapes, digital or other images may be recorded to document my care and I consent to this. I understand that OHHA will retain the ownership rights to these photograph, videotapes, digital or other images, but that I will be allowed access to view them or obtain copies. I understand that these images will be stored in a secure manner that will protect my privacy and that they will be kept for the time period required by law or outlined in OHHA's policy. Images that identify me will be released and/or used outside the institution only upon written authorization from myself or my legal representative.

### Disclosure

Unless otherwise required by federal or state law, photographs, videos, scans or other images shall not be released to outside requestors without specific written authorization from the patient or his or her legal representative.

Please initial all that apply:

\_\_\_\_\_ Photographs for file only.

\_\_\_\_\_ Photographs for educational use.

\_\_\_\_\_ Photographs for advertisement.

Patient Printed Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_