



SKIN CARE QUESTIONNAIRE

Patient's Name _____ Date _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell/Other Phone _____

Date of Birth _____ Patient's Occupation _____

E-mail _____ Referred By _____

Do you consent to being contacted by our office via e-mail regarding upcoming promotions and events? ____Yes ____No

Do you smoke? ____Yes ____No

Are you pregnant now? ____Yes ____No

Do you sun tan? ____Yes ____No Do you visit a tanning salon? ____Yes ____No

Do you use sunscreen daily? ____Yes ____No

Have you ever used Retin-A? ____Yes ____No If yes, what strength? _____

Have you ever used Hydroquinone or other skin lighteners (i.e. Lytera)? ____Yes ____No

Have you ever been on Accutane? ____Yes ____No

Have you ever had (circle all that apply): Herpes Hives Cold Sores Fever Blisters Keloids

If so, when? _____

Please name the skin care products you are currently using:

Cleanser _____ Toner _____

Moisturizer _____ Scrub _____

Mask _____ Eye Cream _____

Other _____

How would you characterize your skin (circle one)? Sensitive Normal/Combo Dry Oily/Acne Prone

SHARE HOW YOU SEE YOURSELF:

- Sad
- Angry
- Tired
- Less Lively
- Fearful
- Saggy
- Pained
- Less Desirable
- Older than I feel
- Other _____

PLEASE INDICATE ANY AREAS OF CONCERN FOR YOU:

- Forehead lines
- Frown Lines
- Crow's feet lines
- Flattened/ sunken cheeks
- Lines and wrinkles around the nose and mouth
- Lip appearance and texture
- Thin lips
- Double chin
- Thinning or inadequate lashes
- Skin appearance and texture

ALLERGIES (Please list all including drugs, food, seasonal)

MEDICATIONS (Please list all prescription & over-the-counter medications, vitamins, supplements, herbal remedies, etc.)

PAST SURGICAL PROCEDURES OF FACE & NECK (i.e. Peels, Laser, Microneedling, Microblading)

Do you have any medical problems for which you see a doctor on a regular basis?

Spiro Plastic Surgery, LLC's Financial Policies

Proper use of the products sold by our office is essential. We encourage all patients to consult with our Aesthetician prior to beginning use of any product sold within our office.

Cancellation Policy – Our office requests a minimum of 24 hours notice for the cancellation of appointments. A fee may be charged for appointments cancelled with less than 24 hours notice. Patients who repeatedly cancel appointments may be required to pay for future services prior to scheduling an appointment.

Payment Policy - Payment for services is due at the time services are rendered. Acceptable forms of payment include personal checks, cash, bank checks, money orders, Visa, MasterCard, American Express, and CareCredit. There is a fee of \$30.00 for returned checks. Our office retains the right to refuse any form of payment at any time if we feel there is a concern regarding its legitimacy. In the event an unpaid balance exceeds 90 days, the patient authorizes Spiro Plastic Surgery, LLC and/or their authorized agent to verify any information provided on this form, now or in the future, and/or obtain additional information by securing data from a credit reporting agency. In addition, the undersigned agrees to pay a thirty percent collection fee in the event of default on their account, if the account is placed with an attorney or bonded collection agency.

Product Return Policy – Unopened products may be returned to our office within 30 days of the date of purchase for a full refund. Unopened products returned within 30 and 90 days of the date of purchase will receive a credit equal to the value of the product at the time of purchase. Credits may be used towards future products and/or services within Spiro Plastic Surgery, LLC. All credits expire one year from the date issued. Opened products returned within 90 days of the date of purchase will be refunded with documentation of an allergic reaction. Patients have the option of having the allergic reaction documented by our Aesthetician or providing written documentation from another physician. No refunds or credits will be issued for products returned after 90 days from the date of purchase.

If you have any questions about our financial policies, please feel free to ask for additional clarification. We are here to assist you in any way possible. Thank you for choosing Spiro Plastic Surgery, LLC.

Patient Signature

Date