

Esthetic Assessment

Name: _____

Date : _____

What skincare products are you currently using?

What are the top three concerns that you want treated?

1. _____

2. _____

3. _____

What additional services would you like to address or learn about? Please check all that apply.

<input type="checkbox"/> Skin treatments	<input type="checkbox"/> Facial veins	<input type="checkbox"/> Neck wrinkles
<input type="checkbox"/> Skin care products	<input type="checkbox"/> Facial redness	<input type="checkbox"/> Microneedling
<input type="checkbox"/> Botox	<input type="checkbox"/> Brown spots/age spots/freckles	<input type="checkbox"/> Unwanted Hair
<input type="checkbox"/> Fillers	<input type="checkbox"/> Drooping brow	<input type="checkbox"/> Length/Fullness of Eyelashes
<input type="checkbox"/> Loss of cheek volume	<input type="checkbox"/> Drooping eyelids	<input type="checkbox"/> Loose skin neck
<input type="checkbox"/> Facial fine lines/wrinkles	<input type="checkbox"/> Facial sagging	<input type="checkbox"/> Loose skin face
<input type="checkbox"/> Thin lips	<input type="checkbox"/> Pigmentation hands	<input type="checkbox"/> Dermaplaning
<input type="checkbox"/> Blotchy skin	<input type="checkbox"/> Pigmentation chest	<input type="checkbox"/> Oxygen Infusion Therapy
<input type="checkbox"/> Chemical peels	<input type="checkbox"/> Sunscreen advice	<input type="checkbox"/> Microdermabrasion
<input type="checkbox"/> Make up	<input type="checkbox"/> Clarisonic Brush	<input type="checkbox"/> Vaginal Rejuvenation
<input type="checkbox"/> Laser treatments	<input type="checkbox"/> Antiaging Supplements	<input type="checkbox"/> HCG Diet Program
<input type="checkbox"/> Bioidentical Hormones	<input type="checkbox"/> Unwanted fat	<input type="checkbox"/> Slim Shots
<input type="checkbox"/> CoolSculpting	<input type="checkbox"/> Double chin	<input type="checkbox"/> Weight loss
<input type="checkbox"/> Detox Program	<input type="checkbox"/> Lash & Brow tinting	<input type="checkbox"/> Botox parties
<input type="checkbox"/> Low libido	<input type="checkbox"/> Leaky bladder	<input type="checkbox"/> Nonsurgical Facelift

Referred By: _____



PATIENT INFORMATION

Name: _____ Date of Birth: _____ Age: _____

Address: _____
Street City State Zip Code

Home: _____ Work: _____ Cell: _____

Email address: _____ Occupation: _____

Emergency Contact: _____ Phone: _____

Do you own a Clarisonic Brush? Y N

Are you interested in longer, thicker and darker eyelashes? Y N

Are you interested in lightening dark spots on your face? Y N

What skin care products do you use? _____

Allergies: _____

Facial Surgeries: _____

Do you have a history of?

- Heart Disease, Mental Disease, Neuro-muscular Disease, Excessive Bleeding, Auto-immune Disorders, Diabetes, High Blood Pressure, Liver Disease, Cold Sores/Fever Blisters

Other _____

Are you pregnant? Y N Are you nursing? Y N

Do you smoke? Y N Do you drink alcohol? Y N Amount _____

The above information is true and accurate to the best of my knowledge.

Patient Signature Date



Our Referral Program

Dr. Sessler's success would not be possible without YOU. He values the trust that you place in him. As a way to show our appreciation, the person that referred you will receive a \$25 gift card to use towards any product or service at Spa Medicca.

What is your name? _____

Who referred you? _____

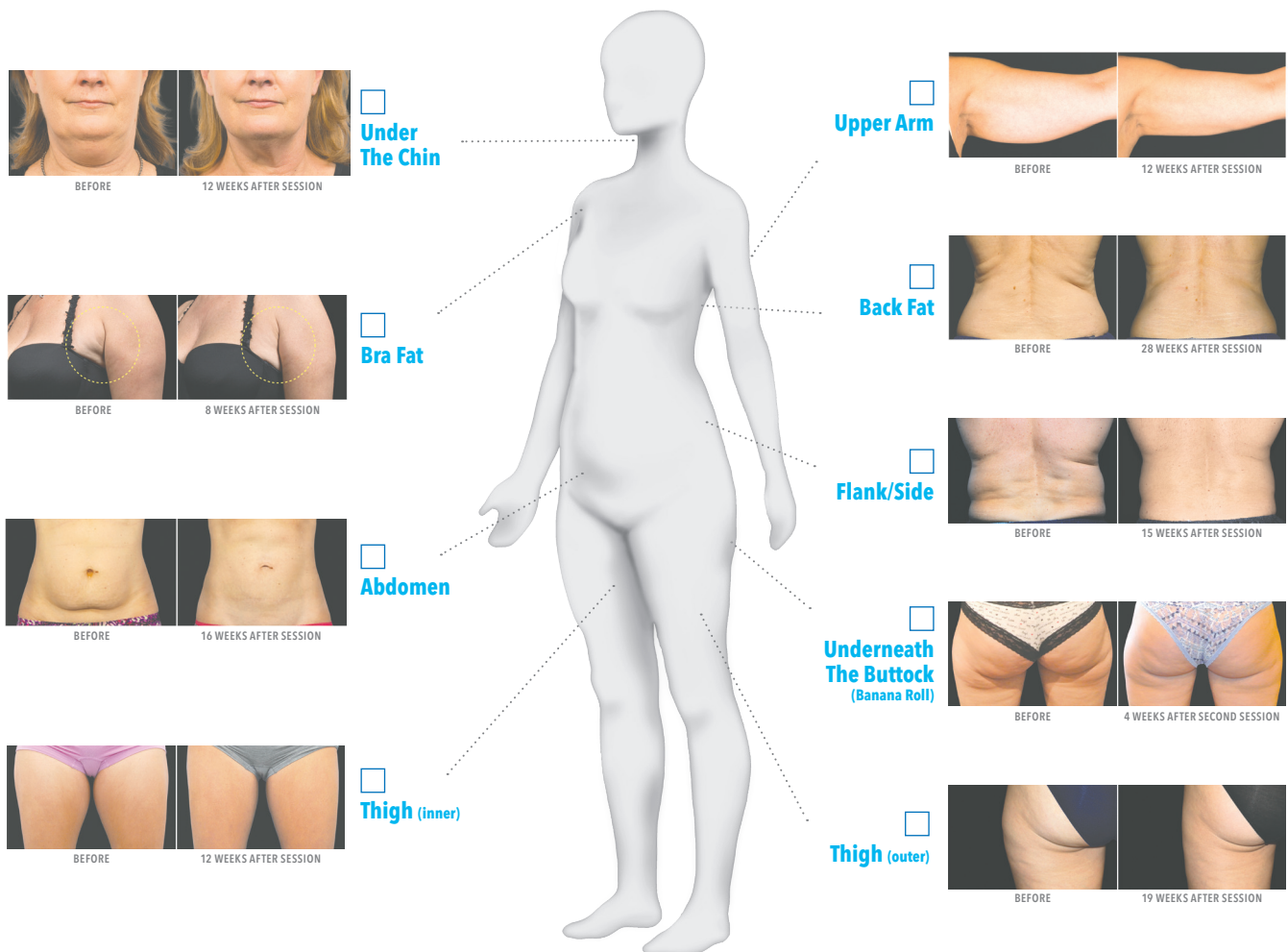
OUR OFFICE IS PROUD TO OFFER COOLSCULPTING®

Discover how to freeze away fat with the world's #1 non-invasive fat reduction procedure¹:

- » Transformational results without needles, surgery, or downtime
- » Millions of treatments performed worldwide
- » FDA-cleared, safe and effective

COOLSCULPTING CAN TARGET STUBBORN FAT IN THE AREAS THAT BOTHER YOU THE MOST.

Indicate below which problem areas would you be interested in transforming: (check all that apply)



Under The Chin

Upper Arm

Bra Fat

Back Fat

Abdomen

Flank/Side

Underneath The Buttock (Banana Roll)

Thigh (inner)

Thigh (outer)

1. CoolSculpting is the treatment doctors use most for non-invasive fat removal. RESULTS AND PATIENT EXPERIENCE MAY VARY. Placements shown are approximate. Before and After photos courtesy of (in order of appearance): A. Jay Burns, MD; Jason Rivers, MD; Christine Dierickx, MD; Brian Hass, MD; Grant Stevens, MD; Scott Gerrish, MD; Amy Brenner, MD; Mark Beatty, MD; Premier Plastic Surgery. In the U.S., the CoolSculpting procedure is FDA-cleared for the treatment of visible fat bulges in the submental area, thigh, abdomen and flank, along with bra fat, back fat, underneath the buttocks (also known as banana roll), and upper arm. In Taiwan, the CoolSculpting procedure is cleared for the breakdown of fat in the flank (love handle), abdomen, and thigh. Outside the U.S. and Taiwan, the CoolSculpting procedure for non-invasive fat reduction is available worldwide. ZELTIQ, CoolSculpting, the CoolSculpting logo, and the Snowflake design are registered trademarks of ZELTIQ Aesthetics, Inc. © 2017. All rights reserved. IC03011-A



Photography Consent

Photographs taken at Spa Medicca are used to document and track progress of treatments.

I am consenting to having “Before” and “After” photographs for treatments received at Spa Medicca for purposes of treatment documentation.

My photos _____ **May or** _____ **May Not** be used for pre and post treatment albums used for patient education.

My photos _____ **May or** _____ **May Not** be used for general educational purposes including but not limited to medical journal publications, textbooks, lectures, workshops, etc.

My photos _____ **May or** _____ **May Not** be used for advertising and promotional purposes, including but not limited to publication, website, brochures, cosmetic seminars, etc.

I waive the rights that I may have to any claims for payment or royalties in connection with any exhibition, televising, or publication of these photographs.

I release and hold harmless Spa Medicca and its staff and consultants from any liability in connection with the use of such materials.

Under no circumstances will any use of my photographs contain my name unless voluntarily disclosed by me.

Signature of Client

Printed Name

Date