5205 E. Kellogg Drive | Wichita, KS 67218 | 316-558-3337 | www.SkinDeepWichita.com

Confidential Patient Questionnaire and Consent Form

Name: ______________________________ **Gender:** _______ **Age:** ____ **Date:** ____________________________

Address: ____________________________ **City:** ____________________ **State:** _________ **Zip:** __________

Phone: __________________ (Cell Home Work) **Email:** ____

How did you hear about us? ____

Have you ever had a professional facial? No Yes **If yes, how often?** __________________________________

Do you feel you have sensitive skin? No Yes **If yes, please describe any previous reaction and the suspected product used:** ____

Please describe your current skin care program listing specific products and program frequency:

Product 1: _______________ **Times Per Wk.** ______ **Product 3:** _______________ **Times Per Wk.** _____

Product 2: _______________ **Times Per Wk.** ______ **Product 4:** _______________ **Times Per Wk.** _____

Lifestyle choices can impact the results of our treatments. With or without your modification of your lifestyle, our therapies will make improvements, but for optimum results and recommendations the following information will enable us to best customize your course of treatment…

- **Do you currently smoke?** No Yes **Daily amount:** ____________
- **Do you drink alcohol?** No Yes **Amount per week:** _________
- **Do you add salt to food?** Never Seldom Usually
- **Do you intake Caffeine?** No Yes…
- **Type/Amount: Coffee/_____ Per Wk. Soda/____ Per Wk.**
- **Energy drinks/_____ Per Wk. Pills/____ Per Wk.**
- **How many 8 oz glasses of water do you usually drink per day?** ____
- **Any significant weight change in the last 12 months?** No Yes… **How much?** _______
- **Are you currently on any "antibiotic" drug therapy?** No Yes… **Type/Duration?** ___________________/_________________
- **Do you wear any electronic or magnetic devices?** No Yes… **Describe** _____________

5205 E. Kellogg Drive | Wichita, KS 67218 | 316-558-3337 | www.SkinDeepWichita.com

NOTICE: The following conditions may restrict or preclude certain treatment protocols.
For your safety… it is imperative for you to disclose any of the following conditions!

Circle any of the following that apply…

Pacemaker/Pacemaker Leads **Metal Implants** **Vascular Stent** **Numbness**

Pregnancy **Multiple Sclerosis** **Heart Arrhythmia** **Epilepsy** **Cancer**

Aspirin Allergy **Skin Infection/Inflammation** **Skin Allergy Reaction**

Recent Cosmetic Surgery **Recent Scar Tissue** **Extremity Swelling**

TRUTH IN ADVERTISING: I understand that this treatment is a choice for conservative health care and not a replacement for essential surgical or medical procedures and there are no guarantees implied or otherwise, as to the results from the treatment. I also understand that with health and lifestyle variables optimum results may not be obtained, even if all procedures are performed and completed correctly.

INFORMED CONSENT: I hereby authorize non-surgical procedures of ultrasound and/or micro-current facial and body infusion therapy of pro-elastin and/or collagen without limitation, and hereby relieve Skin Deep of Wichita and its employees, affiliates or contractors and hold blameless from all liability for injury that may occur to me. I further understand that if I have any medical condition outlined above, that it is my responsibility to consult my physician prior to beginning any skin care program of this nature. The professional involved with this procedure shall not be liable for any injury or damages to me or any patient resulting from acts of active or passive negligence on the part of the treatment professional, successors, or assigns and any of its officers or agents.

I understand that photos will be taken to monitor and to document my progress… and no reproductions of my image will be used for marketing without further approval by my signature.

Patient Signature: ______________________________ **Date:** ___________________________________

Patient Name Printed: ______________________________ **Technician/ Witness:** ________________