

CLIENT INTEREST QUESTIONNAIRE | ANTI AGING CENTERS OF CT

At AAC our focus is to create a customized client experience and treatment plan to help you achieve your skin care and anti-aging goals. Your customized consultation begins with a thorough assessment of all your concerns and questions with an emphasis on results-oriented skin care and in-depth education on all of our services. Rest assured that whatever approach you decide to take, we are here to guide you along the way. *Welcome to our family.*

PLEASE CIRCLE THE APPROPRIATE NUMBER - DO YOU FEEL YOU LOOK...

1	2	3	4	5
<i>Younger than your age</i>		<i>Your age</i>		<i>Older than your age</i>

WHAT SERVICES ARE YOU INTERESTED IN?

- | | | | |
|--|--|---|---|
| <input type="radio"/> Laser Hair Removal | <input type="radio"/> Fine Lines/Wrinkles | <input type="radio"/> Pigmentation/Redness | <input type="radio"/> Acne/Scarring |
| <input type="radio"/> Stretch-Marks | <input type="radio"/> Dryness/Sensitivity | <input type="radio"/> Thinning Hair | <input type="radio"/> Aging Skin |
| <input type="radio"/> Texture/Tone/Sagging | <input type="radio"/> Skin Care/Product Advice | <input type="radio"/> Botox/Injectable Dermal Fillers | <input type="radio"/> Body Contouring/Cellulite |

ARE THERE TREATMENTS THAT YOU'VE TRIED IN THE PAST THAT WORKED WELL OR NOT WORKED SO WELL?

DO YOU HAVE A SPECIAL EVENT COMING UP? (If yes, please elaborate) YES NO

DO YOU HAVE A SPECIFIC TIME FRAME IN MIND? (If yes, please elaborate) YES NO

WHAT TYPE OF SKIN DO YOU FEEL YOU HAVE?

- Normal/Dry Dry Combination Oily Acneic/Problematic Sensitive Sun-Damaged Aging

PLEASE CIRCLE THE APPROPRIATE NUMBER - WHEN LOOKING IN THE MIRROR I AM...

1	2	3	4	5
<i>Not concerned about the appearance of wrinkles</i>		<i>Somewhat concerned about the appearance of wrinkles</i>		<i>Very concerned about the appearance of wrinkles</i>

PLEASE CIRCLE THE APPROPRIATE NUMBER - I AM...

1	2	3	4	5
<i>Satisfied with my skin care products/regimen</i>		<i>Somewhat satisfied with my skin care products/regimen</i>		<i>Unsatisfied with my skin care products/regimen</i>

ARE YOU CONCERNED ABOUT RECOVERY TIME? (If yes, please elaborate) YES NO

WHAT IS ON YOUR FUTURE SERVICE WISHLIST? (Any other treatments you're interested in)

HOW DID YOU HEAR ABOUT US?

AAC MEDICAL HISTORY FORM

LASER HAIR REMOVAL & SKIN REJUVENATION TREATMENTS

Name: _____ Date of Birth: / /
Street Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____ How Referred: _____
Previous Treatments: Yes No If yes, date Last Treated: / / Area: _____
What are your parents ethnic backgrounds? ie. Italian, Irish, Middle-eastern, etc. _____

MEDICAL HISTORY

Are you under a doctor's care: Yes No Please list any recent surgeries/injuries: _____
Please list any mood altering/depression medications: _____
Please list all present medications including antibiotics: _____
Are you taking Fish Oil, Vitamin E, or Biotin? _____
Are you currently taking any of the following medications: Aspirin, Anti-inflammatory such as Nurofen, Votaren, Diclofenac, or Naproxen, etc.? _____
Please list any allergies (ex. Latex, Medications, Lidocaine, Foods): _____
Do you have any tattoos, permanent makeup, or body piercings in the area to be treated? _____
Have you had any Injectables in the treatment area in the last 4 weeks? ie. Juvederm, Botox. _____

WOMEN ONLY

Are you pregnant: Yes No Over/In Menopause: Yes No Birth Control: Yes No
If yes, due date: / / Breast Implants: Yes No Hormonal disorders: Yes No
Regular periods: Yes No Hysterectomy: Yes No ie. PCOS Hype/Hypothyroid. If yes, please list: _____

HAVE YOU EVER HAD ANY OF THE FOLLOWING? IF YES, TERMINATED [T] OR CONTINUED [C]?

Heart Condition: Yes No Coagulation/blood disorder: Yes No Hepatitis: (Type ____) Yes No
Cancer Treatment: Yes No Herpes I/II: Yes No HIV: Yes No
Diabetes: Yes No Pacemaker: Yes No Keloids: Yes No

SKIN ANALYSIS

Have you used Retin A in the last 2 weeks in the area to be treated? Yes No
Are you currently taking Accutane for acne or have you taken it in the last 6 months? Yes No
Have you had a chemical or acid peel on your face in the last 6 weeks? Yes No
Are you currently using an alpha hydroxy, glycolic acid or exfoliating scrub on the area to be treated? Yes No
Have you seen a dermatologist in the last 6 months? Yes No
Have you used an oral or topical antibiotic in the last 2 weeks? If yes, please list below. Yes No

Print name: _____ Signature: _____

If under the age of 18, parent signature: _____

Medical Director review date: _____ Medical Director signature: _____

FITZPATRICK SKIN TYPING

- SKIN TYPE I Never tans, always burns (extremely fair skin, blonde/red hair)
- SKIN TYPE II Occasionally tans, usually burns (fair skin, sandy to brown hair, green/brown eyes)
- SKIN TYPE III Often tans, sometimes burns during first exposure to sun (medium skin, brown hair)
- SKIN TYPE IV Always tans, never burns (olive skin, brown hair)
- SKIN TYPE V Never burns (dark brown skin, black hair)
- SKIN TYPE VI Never burns (black skin, black hair)

We do NOT recommend laser therapy if any of the below conditions exist. Please check any box that describes your current health condition. Please advise the technician of any medications you are taking (see form).

Photosensitivity Disorder Herpes (active) Shingles (active) Seizure disorder triggered by light

SCORE	0	1	2	3	4	SCORES
What is your eye color?	Light Blue	Blue, Grey or Green	Blue/Hazel	Brown	Brownish/Black	
What is your natural hair color?	Sandy/Red	Blonde	Dark Blonde/ Light Brown	Chestnut Brown	Black	
What is the color of your non-exposed skin?	Reddish	Very pale	Pale with beige tint	Light Brown	Dark Brown	
Do you have freckles on unexposed areas?	Many	Several	Few	Incidental	None	
What happens the first time you stay in the sun too long?	Painful, redness, blistering, peeling	Blistering followed by peeling	Burns sometimes followed by peeling	Rarely burns	Never burns	
To what degree do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easily	Turn dark brown quickly	
Do you turn brown after the first several hours of sun exposure?	Never	Seldom	Sometimes	Often	Always	
How does your face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem	
					TOTAL	SKIN TYPE
When did you last expose your body to sun or tanning booth or tan creme?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than 1 month ago	Less than 2 weeks ago	
When did you last expose the area to be treated to the sun?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than 1 month ago	Less than 2 weeks ago	
					SCORE WITH TANNING HABITS	
					TOTAL	SKIN TYPE

Skin Type Score	Fitzpatrick Skin Type
0-7	I
8-16	II
17-25	III
25-30	IV
over 30	V-VI

Client Signature: _____ Date: _____

CANCELLATION/NO SHOW POLICY

AAC understands that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another client from getting their much needed treatment. Conversely, the situationz may arise where another client fails to cancel and we are unable to schedule you a visit, due to a seemly "full" appointment book! **If an appointment is not cancelled at least 24 hours in advance you will be charged a \$25 fee**

LATE CANCELLATIONS

A late cancellation is considered when a client fails to cancel their scheduled appointment with a 24 hour advance notice.

NO SHOW POLICY

A "no-show" is someone who misses an appointment without cancelling it with a 24 hour advance notice. A failure to be present at the time of a scheduled appointment will be recorded in your permanent profile record as a "NO SHOW."

*There will be no charged for the first missed appointment.

CREDIT CARD ON FILE POLICY

At AAC, we require keeping your credit card or debit card on file as a convenient method of payment for no show fee.

Your credit card information is kept confidential and secure and the \$25 cancellation fee will only be processed if AAC is not given the 24 hour notice as stated above. AAC will call to let you know of your missed appointment and that 24 hours after the missed appointment AAC will process the credit card authorized on file to be charged. If you have any questions or dispute please call within the 24 hours of missed appointment.

I authorize AAC (Anti Aging Centers of Connecticut, LLC) to charge \$25 for a no show of my scheduled appointment 24 hours after the appointment to my credit card or debit card on file.

I, the undersigned, authorize and request AAC to charge my credit card on file \$25 for a no show fee and agree this is my financial responsibility. This responsibility only relates to a missed appointment (no show fee).

Cardholder Name: _____ Cardholder Signature: _____