



208.799.3333 Phn

208.799.3375 Fx

Name \_\_\_\_\_

What do you like best about yourself \_\_\_\_\_

What areas of your body bother you the most \_\_\_\_\_

How long has this bothered you \_\_\_\_\_

What are you hoping we can do for you today \_\_\_\_\_

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Botox            | <input type="checkbox"/> CoolSculpting        | <input type="checkbox"/> Sculptra           |
| <input type="checkbox"/> Filler/ Juvederm | <input type="checkbox"/> Kybella              | <input type="checkbox"/> PDO Threads        |
| <input type="checkbox"/> ZO Skin Health   | <input type="checkbox"/> Hydrafacial          | <input type="checkbox"/> Laser Hair Removal |
| <input type="checkbox"/> Tattoo Removal   | <input type="checkbox"/> Age Spot Removal     | <input type="checkbox"/> Chemical Peel      |
| <input type="checkbox"/> MicroNeedling    | <input type="checkbox"/> PRP Microneedling    | <input type="checkbox"/> Hair Loss          |
| <input type="checkbox"/> Vampire Facial   | <input type="checkbox"/> Stretch Mark Removal |   |

If there is anything you would like to change about yourself \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Reduce unwanted fat   | <input type="checkbox"/> Improve appearance of skin      |
| <input type="checkbox"/> Reduce forehead lines   | <input type="checkbox"/> Improve fullness of cheeks      |
| <input type="checkbox"/> Reduce frown lines  | <input type="checkbox"/> Improve sagging skin            |
| <input type="checkbox"/> Reduce lines around eyes  | <input type="checkbox"/> Improve appearance of scars     |
| <input type="checkbox"/> Reduce wrinkles on nose   | <input type="checkbox"/> Improve appearance of thin lips |
| <input type="checkbox"/> Reduce lines around mouth   | <input type="checkbox"/> Remove unwanted hair            |
| <input type="checkbox"/> Reduce facial redness   | <input type="checkbox"/> Improve Facial Veins            |
| <input type="checkbox"/> Reduce brown spots  | <input type="checkbox"/> Improve Spiderveins             |
| <input type="checkbox"/> Reduce stretch marks  |  |
| <input type="checkbox"/> Hand Rejuvenation   | <input type="checkbox"/> Tattoo Removal                  |
| <input type="checkbox"/> Reduce double chin  | <input type="checkbox"/> Facial contouring               |
| <input type="checkbox"/> Body contouring – improve shape of arms/ legs, trunk, waistline, buttocks |  |

What facial products are you currently using?  Medical Grade  Over-the-Counter

At Integrative Health, we are committed to supporting you in achieving your personal body goals, as well as assisting you in reaching your own perfect balance in wellness.

Cancellation Policy

In order to ensure our patients enjoy the most timely and reliable access to our providers, this office has established a firm policy for “no shows” and late cancellations.

Should you fail to keep a scheduled appointment or fail to cancel an appointment, with less than 48 business hours in advance, the result is a charge of \$50.

Photography Consent

I give permission for any pictures or videotape taken of me may be used for either teaching or publication, if considered appropriate.

I give permission for my pictures to appear in a photo album and website for other potential patients to view.

Payment

Payment is expected in full prior to treatment for all procedures performed in the clinic.

I certify that I have read this release carefully and fully understand its terms. I certify that I am over the age of 18 and/ or the parent/ guardian of the person receiving treatment.

Signature \_\_\_\_\_ Date \_\_\_\_\_