



COPPER AESTHETICS

231.929.7700

DATE _____

CLIENT INFORMATION

First Name, Middle Initial _____

Last Name _____

Home Phone Number _____

Street Address _____

City/State/Zip _____

Work Phone Number _____

Mailing Address, if different from Street Address _____

City/State/Zip _____

Cell Phone Number _____

Date of Birth _____

Male Female

Emergency Contact _____

Referred by _____

Email Address (confidential, not shared) _____

Emergency Number _____

The office communicates news and important information via email, please provide a current email address. We pledge to respect your privacy and will never abuse the privilege of this personal information.

MEDICAL BACKGROUND

Ethnic Skin Type (please circle one): Caucasian African-American Hispanic Asian Eastern Indian American Indian

Please list any skin conditions (Lupus, Psoriasis, Eczema) you are experiencing: _____

Have you ever taken or are currently taking (circle all that apply): Retin A Accutane Tretinoin Differin (in the last 3 months)

Have you ever used an over-the-counter or prescription bleach cream? Yes No

Do you take Topical or Oral Antibiotics (circle all that apply): Oral Topical What is the name of the Antibiotic? _____

How often do you exercise? _____ How many hours of sleep do you get per night? _____

What is your level of stress? Low 1 2 3 4 5 6 7 8 9 10 High

How many 8 oz. glasses of water do you drink each day? _____

How much caffeine and/alcohol do you consume each day? Caffeine _____ Alcohol _____

Are you pregnant? Yes No Do you smoke? Yes No

Please list all supplements, medications, allergies or recent surgeries: _____

How much UV exposure do you get (sun, tanning beds, commuting in car): _____

CLIENT SELF-ASSESSMENT (Reason for visit)

Do you have any of the following (circle all that apply)? Scars Stretch Marks Hyper Pigmentation

Do you suffer from (circle all that apply)? Acne Blackheads Whiteheads Milia Oiliness Rosacea Dehydration Eczema Cellulite
Vein/Circulation Problems Psoriasis (where on your body: _____) Other: _____

Have you ever received any of the following treatments (circle all that apply)?

Facial Microdermabrasion Laser Surgery Chemical Peels Waxing Lash/Brow Tint Laser Hair Removal Vein Treatments Botox/Filler

When did this (these) procedure(s) take place: _____

Please select the statement that applies to you (circle one): I never tan, always burn. I tan with difficulty, usually burn.
I'm an average tanner, sometimes burn. I easily tan, rarely burn. I never burn.

OVER →



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BILLING AND FINANCIAL POLICY

Thank you for choosing Copper Aesthetics for your skin care needs. This Billing and Financial Policy was developed to help you understand how the billing for your services will be handled. If you have any questions, please consult a staff member.

OUR POLICY

YOUR CONSULTATION

- Your Visia Consult with one of our licensed aestheticians is complimentary. You will receive a quote for any services scheduled beyond this appointment.
- Your consult for laser treatment, neurotoxins and/or dermal fillers is \$75.00. This fee will be applied towards initial treatment costs.
- If this consult is not paid in full on your day of service, we will not schedule any future appointments.
- For any skin care consultation including Visias, we do require that clients keep a credit card on file. If a client no shows or cancels within 24 hours, we will charge a \$75 fee.

COSMETIC PROCEDURES

- Cosmetic procedures are not a covered benefit by insurance companies. Therefore, we require that you pay the entire procedure fee the day of service.
- All appointments for ANY injectable filler MUST be pre-paid or paid the day of service.
- NO refunds are given for ANY treatments at Copper Aesthetics.
- For skin care treatments or procedures, we will collect a 30% deposit prior to treatment that is non-refundable if a client no shows or cancels without reason within 24 hours.

EVENT PRICING OR PRE-PAYMENTS

- Copper Aesthetics will occasionally hold specials that allow you to make pre-payments to take advantage of reduced pricing.
- NO refunds are given for any pre-paid treatment.
- All pre-payments are reviewed at each appointment to ensure funds are being allocated appropriately.
- All event pricing or pre-payments must be used within one year of payment.

I have read the Billing and Financial Policy for Copper Aesthetics.

My signature below attests to the fact that I fully understand the policy and agree.

Patient Signature

Date