NADOMI MEDSPA

40 Church Avenue, Suite 103
Wareham, MA 02571
P: 774-608-0044

Patient Information

Name: _____ *Birthdate:* ____/____/____ *Date:* ____/____/____
Home Phone: _____ *Cell Phone:* _____ *Email:* _____
*Address:*_____ *City:* _____ *State:* _____ *Zip:* _____
*Occupation:*_____ *How did you find us?* _____

Emergency Contact Information

Name: _____ *Phone:* _____ ☐ Home ☐ Cell
Relationship to Patient: _____

General Health

1. *Rate your level of stress: (5 = highest, 1 = lowest)* _____
2. *Are you pregnant or nursing? Yes No*
3. Do you wear contact lenses? *Yes No*
4. *Do you smoke? Yes No If yes, how many per day?* _____
5. *Please list any accidents or surgeries you've had in the last 12 months:* _____
6. *Have you had a face lift or any other extensive facial surgery? Yes No*
7. *Do you have any metal implants, a pacemaker, or body piercings? Yes No*
8. *List the medications you are currently taking:* _____

Health History

Circle all that apply.

Heart Condition Lymph Edema Herpes/Shingles High Blood Pressure Low Blood Pressure
Numbness/Tingling Sinus Problems Allergies Chronic Pain Varicose Veins Rashes Headaches
Jaw Pain/TMJ Blood Clots Constipation Diabetes Sprains/Strains Gas/Bloating Arthritis
Spasms/Cramps Broken/Fractured Bones Pregnancy Fatigue/Sleep Disorder Cancer
Depression/Anxiety Undergoing Cancer Treatment
Other: _____

Skin Care

1. *Are you under the care of a dermatologist? Yes No*
2. *Do you use any of the following: Accutane Retin A Renova Adapalene Other prescription skin products:* _____
3. *Have you had any of the following: Chemical peel Microdermabrasion Botox Fillers*
4. *Are you using any products that contain: Glycolic Acid Lactic Acid Hydroxy Acid Vitamin A*
5. *Do you have any skin sensitivities or irritants?:* _____
6. *What skin products do you use?* _____
7. *What is your daily skin maintenance regimen, if any?:* _____
8. *Circle all that apply to your skin type: Oily Dry Sensitive Acne Sunburned Eczema Psoriasis Other:* _____
9. *have you been tanning in the last 24 hours? Yes No*
10. *What are your skin goals?* _____
    _____

Authorization and Release

It is my choice to receive these Services from Nadomi Medspa. The above questions have been accurately answered. I have stated all medical conditions that I am aware of and I will update the staff at Nadomi Medspa of any changes to my health status. I agree to be responsible for payment of all services rendered on my behalf.

I understand that Nadomi Medspa does not guarantee results. Although good results are anticipated, there can be no guarantee or warranty, expressed or implied, by anyone as to the actual results yielded. Occasionally additional treatments and/or treatment for problems or complications may be required. These could result in additional charges for which you may be responsible.

I agree to cancel any future appointments ***24 hours in advance*** *by phone, unless I have an emergency. If I miss any scheduled appointment without giving 24 hours notice,* ***I agree to pay the $35 no-show fee****.*

X_____ *Date:* _____

Signature of Patient