

EVOLVE Patient Intake Form



Acacia
Medical Laser Aesthetic Spa

2.1.1 PERSONAL INFORMATION

NAME		HOME PHONE	
ADDRESS		WORK / MOBILE PHONE	
CITY		PROVINCE / STATE	
ZIP CODE		DATE OF BIRTH	
REFERRED BY		GENDER	MALE / FEMALE

2.1.2 SKIN TYPE OF ASSESSMENT

FITZPATRICK SKIN TYPE	I II III IV V VI	ETHNICITY	
LAST EXPOSED TO UV (Sun or tanning bed)			
PASSIVE TAN?	YES / NO	SELF-TANNING LOTION?	YES / NO

2.1.3 MEDICAL HISTORY

PACEMAKER / DEFIBRILLATOR		ACTIVE SKIN INFECTION (E.G. PSORIASIS, ECZEMA)	
WEIGHT		DISEASES STIMULATED BY HEAT (E.G. HERPES SIMPLEX)	
METAL IMPLANTS		SKIN DISORDERS/CONDITIONS (E.G. KELOIDS, ABNORMAL WOUND HEALING, VITILIGO)	
CURRENT OR HISTORY OF SKIN CANCER/ OTHER CANCER / PRE-MALIGNANT MOLES/SUSPICIOUS LESIONS		HISTORY OF BLEEDING DISORDERS	

SEVERE CONCURRENT MEDICAL CONDITIONS (E.G. CARDIAC DISORDERS)		USE OF MEDICATION / HERBS INDUCING PHOTSENSITIVITY	
PREGNANCY AND NURSING		LASER RESURFACING / DEEP CHEMICAL PEELING, LAST 3 MONTHS	
IMPAIRED IMMUNE SYSTEM		ENDOCRINE DISORDERS (E.G. DIABETES, PCOS)	
TANNED SKIN		TATTOO OR PERMANENT MAKEUP	
INTRA-DERMAL OR SUPERFICIAL SUB-DERMAL INJECTIONS/FILLERS/GRAFTS			
SURGICAL PROCEDURES			
Current Medications			
List any Allergies			
Detail any Medical Condition			
Other Considerations			

2.2 EVOLVE Informed Consent Forms

BELOW IS THE INFORMED CONSENT FORM AND TREATMENT FORMS FOR REGULAR PATIENTS OR FOR VOLUNTEER PATIENTS.

EVOLVE INFORMED CONSENT For Volunteer Patients, In-service Training

TITE/TRIM/TONE

PATIENT NAME _____

TREATMENT SITES _____

I DULY AUTHORIZE _____ TO PERFORM _____ TREATMENT.

I understand that the device being used for skin improvement, muscle tone or cellulite treatment, of which I am consenting to be a patient receiving _____ treatment (specify procedure).

I understand that clinical results may vary depending on individual factors, including but not limited to medical history, skin type, patient compliance with pre- and post-treatment instructions, and individual response to treatment.

I understand that there is a possibility of short-term effects such as reddening, mild burning, swelling, temporary bruising and temporary discoloration of the skin, as well as the possibility of rare side effects such as scarring and permanent discoloration. When using Tone applicator minor, short term muscle spasm/pain may occur. These effects have been fully explained to me _____ (patient's initials).

I understand that treatment with this system involves a series of treatments and the fee structure has been fully explained to me _____ (patient's initials).

I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible complications, and I understand that no guarantee can be given as to the final result obtained. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so.

I confirm that I have informed the staff regarding any current or past medical condition, disease or medication taken.

I consent to the taking of photographs and authorize their anonymous use for the purposes of medical audit, education and promotion.

I agree to waive, release, discharge, and covenant not to sue Invasix, Inc. d/b/a InMode ("InMode") and its employees, agents, and representatives, from any liability, loss, cost, damage, expense, claim or lawsuit whatsoever for any and all injury, loss, illness, harm, cost, expense, or damage related to the treatment, including any negligent acts or conduct by InMode and its agents, employees, and/or representatives (collectively, "Claims").

I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form.

Patient Signature _____

Date _____

Witness _____

TRANSFORM/TONE Informed Consent Form

BELOW IS THE INFORMED CONSENT FORM AND TREATMENT FORMS FOR REGULAR PATIENTS OR FOR VOLUNTEER PATIENTS.

TRANSFORM/TONE INFORMED CONSENT

PATIENT NAME _____

TREATMENT SITES _____

I DULY AUTHORIZE _____ TO PERFORM TITE TREATMENT.

I understand that the device being used for skin improvement, body contouring or cellulite treatment, of which I am consenting to be a patient receiving TITE treatment.

I understand that clinical results may vary depending on individual factors, including but not limited to medical history, skin type, patient compliance with pre- and post-treatment instructions, and individual response to treatment.

I understand that there is a possibility of short-term effects such as reddening, mild burning, temporary bruising and temporary discoloration of the skin, as well as the possibility of rare side effects such as scarring and permanent discoloration. These effects have been fully explained to me _____ (patient's initials).

I understand that treatment with this system involves a series of treatments and the fee structure has been fully explained to me _____ (patient's initials).

I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible complications, and I understand that no guarantee can be given as to the final result obtained. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so.

I confirm that I have informed the staff regarding any current or past medical condition, disease or medication taken.

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I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form.

Patient Signature _____

Date _____

Witness _____

Notes

