



Willow Health and Aesthetics Patient Intake Form

Name _____ Date of Birth ____/____/____ Age _____

Address _____

Phone _____ Email _____

In case of emergency, who should be notified? _____ Phone _____

Primary Care Physician _____ Phone _____

What medical problems do you have?

What surgeries have you had?

What medications do you take - please include herbals and over the counter products?

What allergies do you have, please include medication allergies?

- Y N Do you have a history of cold sores?
- Y N Do you have abnormal bleeding or bruising?
- Y N Have you had BOTOX injections before?
- Y N Have you ever used Fillers before?
- Y N If you have used BOTOX or Fillers before, did you experience a problem?
- Y N To the best of your knowledge, are you pregnant or nursing?
- Y N I understand that should I become pregnant or am nursing, it is my responsibility to notify the medical provider prior to my appointment to prevent a possible serious health risk.

May Willow Health and Aesthetics have your permission to:

Leave a message on your voicemail? Y N

Send you a text message reminder? Y N

Send you an email regarding promotions or specials? Y N

Willow Health and Aesthetics has a 24-hour cancellation policy.

____ I am a responsible and thoughtful adult who does not cancel appointments with less than a 24-hour notice unless there is a true emergency.

____ I understand that if I do cancel my appointment with less than 24-hours notice I will be charged \$50

____ I understand that in order to provide the best experience for all clients I need to arrive at my scheduled appointment time and that my late arrival may require my appointment to be rescheduled.

Signature _____ Date _____