



Hello,

Thank you for choosing Beleza Medspa for your Medical Aesthetic and Cosmetic Surgery needs. We realize that you have many choices available for these services and we truly appreciate that you have chosen Beleza. We strive to provide the best procedures coupled with well-trained and friendly staff, as well as affordable prices. As the owner of Beleza Medspa, I want to ensure that your experience at Beleza is not just good, but great!

If you have any questions or comments or any concerns about your care, please feel free to contact me directly at ldbroder@yahoo.com or 1-800-509-9785. We rely on your feedback, reviews and referrals to grow, so let us know how we are doing!

Sincerely,

A handwritten signature in black ink that reads 'Lawrence Broder MD'. The signature is fluid and cursive, with the letters 'L', 'B', and 'M' being particularly prominent.

Lawrence Broder MD
Owner
Beleza MedSpa
info@belezamedicalspa.com
www.BelezaMedicalSpa.com

After Hours Message Service 512-467-5000

PLEASE KEEP THIS PAGE FOR YOUR RECORDS



PATIENT INFORMATION

Last Name _____ First Name _____

Address _____

City/State _____ Zip Code _____

Employer _____ Work phone _____

Home # _____ Cell # _____

Date of Birth _____ Cell Provider _____

Primary Care Physician _____ Pharmacy # _____

Email Address _____

(Please see email communication policy and consent, please do not use work email)

REFERRAL SOURCE

() Friend/Family _____ (they can be rewarded!) () TV Commercial () Radio

() Other (please explain) _____

() Web (please circle) Google Yahoo City Search Facebook Yelp Belezamedicalspa.com

Other _____

***If there is anyone you would like to refer to us, please list below. You will receive a **\$25** office credit for each referral you give us who becomes a patient.

Name _____ email/ phone _____

Name _____ email/ phone _____

Name _____ email/ phone _____

Contact Person in case of Emergency _____ Phone _____

Do you have any advanced directives you want us to know about? _____

What are your main concerns and why are you here today? _____

Please check all that concern you, or you are interested in:

Facial Skin / Fine lines & Wrinkles

- Facial Plastic Surgery/Facelift
- Facial fullness/drooping
- Hydrafacial
- Vampire Facelift/PRP Therapy
- Time Machine Procedure
- Nose size or shape
- Drooping brow/eyelids
- Double Chin

- Scar revision
- Frown lines / fine lines / wrinkles
- Botox
- Skin Tightening-Venus Freeze/Thermage
- Fillers (Juvederm / Radiesse)
- Thin lips
- Collagen Therapy (MicroPen)
- Laser Treatment (resurfacing)
- Chemical peel
- Brown spots /age spots/freckles / texture-IPL Photofacial
- Laser Hair Removal
- Hair Replacement
- Tattoo Removal
- Skin care,
- Other, please specify: _____

Upper Body (please check all that apply)

- Breast size / shape-implants/Lift/Reduction
- Ear size / shape
- Neck wrinkles
- Arms
- Gynecomastia Surgery

Lower Body:

- Abdominal area - Coolsculpting
- Loose Skin/ Tummy Tuck
- Hips/Thighs
- Body Contouring/Smartlipo/Laser Liposuction
- Mommy Makeover
- Brazilian Butt Lift
- Cellulite Treatment
- Weight Loss

Please describe your current skin care regimen:

- Cleanser _____
- Moisturizer _____
- Sunscreen _____
- Anti-aging products _____

Have you ever used any of the following? Retin A Accutane Hydroquinone Renova AHA/ BHA

What type of sunscreen do you use? _____ SPF _____

Would you like to receive special offers from our office through our email newsletter? YES / NO

Would you like to learn more about our VIP Program and Fresh Skin Club? YES / NO

PAST MEDICAL HISTORY

Hospitalizations/ Surgeries: _____

Medical Conditions	Y	N		Y	N
High blood Pressure	()	()	Diabetes	()	()
Hay fever/ allergies	()	()	Skin Cancer	()	()
Thyroid Disease	()	()	Anxiety	()	()
Heart Disease	()	()	Hepatitis	()	()
Bleeding Problems	()	()	Lung Problems	()	()
HIV/ AIDS	()	()	Other _____		

Please list any current medications OTC and Rx. Please include aspirin, vitamins, supplements, etc.

Allergies? _____ **Allergic to latex or lidocaine?** _____

Are you pregnant or thinking of getting pregnant? _____
 (**Please tell your provider before receiving any treatments**)

Do you ever get cold sores or fever blisters? () Y () N

SOCIAL HISTORY

Do you smoke? () Y () N If yes, how long? _____ How many packs a day? _____

Do you use alcohol? Never _____ Social _____ Daily _____

CLINIC POLICIES

- LAWRENCE BRODER MD IS THE OWNER AND SUPERVISOR OF BELEZA MEDSPA. A PHYSICIAN ASSISTANT, NURSE PRACTITIONER, NURSE, MEDICAL ASSISTANT OR AESTHETICIAN THAT HE HAS TRAINED & SUPERVISES MAY PERFORM YOUR PROCEDURE. YOU HAVE THE RIGHT TO REFUSE TREATMENT AND CHANGE PROVIDERS AT ANY TIME. THESE ARE ELECTIVE COSMETIC PROCEDURES AND ALTERNATIVE TREATMENTS ARE AVAILABLE. NOT ALL PROCEDURES ARE AVAILABLE AT ALL OFFICES. WE DO OFFER FREE CONSULTATIONS FOR ALL PROCEDURES.
- BELEZA MEDSPA DOES NOT OFFER ANY REFUNDS FOR SERVICES RENDERED UNDER ANY CIRCUMSTANCES.** IF YOU CHOOSE TO DISCONTINUE TREATMENT, PREPAYMENTS FOR UNUSED SERVICES WILL BE RETURNED UPON REQUEST, LESS ANY OUTSTANDING BALANCE. PAYMENT IS REQUIRED PRIOR TO THE PROCEDURE BEING PERFORMED. YOU HAVE A RIGHT TO KNOW THE PRICES FOR PROCEDURES BEFORE THEY ARE PERFORMED.
- BELEZA MEDSPA DOES NOT MAKE ANY GUARANTEE OF RESULTS FROM OR SATISFACTION WITH PROCEDURES.** PLEASE MAKE SURE TO DISCUSS YOUR EXPECTATIONS AS WELL AS RECOVERY AND COMPLICATIONS WITH YOUR PROVIDER. MANY OF THESE PROCEDURES HAVE SIDE EFFECTS AND COMPLICATIONS THAT BELEZA CANNOT PREVENT OR PREDICT. PLEASE READ THE CONSENT FORMS CAREFULLY AND ASK QUESTIONS.
- EXCEPT IN THE CASE OF A VERIFIABLE ALLERGIC REACTION,** NO REFUNDS OR EXCHANGES ARE OFFERED FOR OPENED PRODUCTS. UNOPENED PRODUCTS MAY BE EXCHANGED WITHIN ONE MONTH OF THEIR PURCHASE, BUT NO REFUNDS ARE AVAILABLE.
- NOT EVERYONE IS A CANDIDATE FOR EVERY PROCEDURE WE OFFER. IF YOU ARE NOT, YOU WILL BE OFFERED A COMPARABLE SERVICE OR REFUNDED YOUR MONEY. WE APOLOGIZE FOR YOUR INCONVENIENCE BUT YOUR SAFETY & OUTCOME ARE OUR TOP PRIORITY.
- PAYMENT FOR SERVICES IS DUE AT THE TIME OF THE VISIT. WE DO NOT ACCEPT PERSONAL CHECKS. WE DO ACCEPT CASH, CREDIT CARDS AND OFFER CARECREDIT FINANCING. BOUNCED CHECKS, STOP PAYMENTS & CHARGEBACKS DO NOT RELEASE YOU FROM FINANCIAL RESPONSIBILITY FOR YOUR PURCHASES. YOU ACKNOWLEDGE PERSONAL FIANANCIAL RESPONSIBILITY FOR YOUR SERVICES AND PURCHASES. OUR STAFF DO NOT ACCEPT TIPS.

7. **AN APPOINTMENT CANCELLATION WITH LESS THAN 24 HOURS NOTICE IS CONSIDERED A NO-SHOW.** NO-SHOWS CAUSE BELEZA SIGNIFICANT FINANCIAL LOSSES IN LOST PRODUCTIVITY AND PAYROLL. AS A RESULT, PATIENTS WHO HAVE ONE OR MORE NO-SHOWS WILL BE REQUIRED TO LEAVE A CREDIT CARD ON FILE FOR FUTURE VISITS. **ANY SUBSEQUENT NO-SHOWS WILL BE ASSESSED A \$50 NO-SHOW CHARGE.** IF YOU NO-SHOW FOR A VISIT OF PREPURCHASED PROCEDURES, GIFT CARDS OR GROUPONS YOU WILL FORFEIT THAT MISSED PROCEDURE.

Name _____ Signature _____

PERMISSION FOR TAKING PHOTOGRAPHS

I hereby consent the photographs may be taken of me or named patient by Beleza Med Spa in connection with the medical care and treatment received. These photographs are necessary to document your results.

I **give / do not give (circle one)** permission for my photographs to be used for educational and/or marketing purposes.

Name _____ Signature _____

AFTER-HOURS CARE

IF YOU EXPERIENCE AN EMERGENCY AFTER-HOURS PLEASE CALL 911. IF YOU HAVE AN URGENT QUESTION OR NEED, PLEASE CALL 512-467-5000 AND LEAVE A MESSAGE OR EMAIL TO INFO@BELEZAMEDICALSPA.COM.

CONSENT TO RELEASE AND HIPPA ACKNOWLEDGEMENT

I hereby authorize Beleza Med Spa to discuss my medical and payment information with:

- 1. _____ Relationship _____
- 2. _____ Relationship _____

I acknowledge that I have received a copy of Beleza Med Spa notice of Privacy Practices. This notice describes how Beleza Med Spa may use and disclose my protected health information, certain restrictions on the use and disclosure of my healthcare information, and rights I may have regarding my protected health information.

Patient Signature Date