

Xage Medical Spa Client Information Form

3650 North University Ave. ~ Provo Utah, 84604 ~ 801.373.3376

Welcome to Xage Medical Spa. We look forward to helping you achieve your goals. The information provided by you will help determine your treatment program. Please be as accurate as you can in answering the questions below:

Last Name	First Name	Birth Date	Gender M / F	
Street Address	Apt #	City	State	Zip
Email	Cell Phone #	Home Phone #		
Reason for Visit: _____				
I wish to receive information on the following: (Circle all that applies)				
Laser Hair Removal	Botox/Dysport	CO2 Fractional Resurfacing		
Micro Peel	Dermal Fillers	Skin Tightening		
Chemical Peel/Derma Peel	IPL Treatments	Wrinkle/Fine Line Reduction		
Micro- Needling (w/ PRP)	Sclerotherapy (spider veins)	Derma Plane		
Acne/ Skin Care Treatments	Permanent Makeup	Body Contouring (Fat Reduction)		
Tattoo Removal	PRP- hr. Restoration	Toenail Fungus		
Other: _____				

Patient Medical History:

The information provided in this section will determine your treatment schedule and laser settings. Providing accurate information will ensure that we provide you the safest and most effective treatment possible. If you have any questions, please speak with your Technician prior to receiving any treatments.

Allergies

Medications (prescription & over the counter)

Allergy	Reaction	Medication	Purpose

(Please fill out the additional medical questions on back side)