

**Medical Spa Initial Client Intake Form**

Date: \_\_\_\_\_

Client #(Office Use): \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone/Text Messaging: \_\_\_\_\_ Referral Source: \_\_\_\_\_

Email (Confidential): \_\_\_\_\_

Would you like to receive our End of Year Email Newsletter and New Years Greeting? Yes \_\_\_ No \_\_\_

Hair Removal (last 6 weeks): None Plucking Waxing Depilatories Electrolysis

Purposeful Tanning (last 6 weeks): None Sun Exposure Tanning Booth Tanning Products

Skin Medications: None Retin-A or Retinoids (last 3 weeks) Accutane (last 6 months)  
 Hydroquinone (bleaching agents) Glycolic Acid Other: \_\_\_\_\_

Sensitivity to: Particular Products/Chemicals? No \_\_\_ Yes \_\_\_ Describe \_\_\_\_\_

Skin Conditions: None of these Acne Cold Sores Sun Sensitivity/Damage Eczema/Flaking  
 Tattoos/Permanent Make Up Skin Cancer Aging Changes  
 Wrinkles Poor healing Easy Bruising or Bleeding Tendency

Previous Procedures: Laser/Light treatments Microdermabrasion Chemical Peels Fillers  
 None of these Botox or similar products Other \_\_\_\_\_

Medical History: Pregnant? No \_\_\_ Yes \_\_\_ Not Sure \_\_\_ N/A \_\_\_  
 Any current illness, disease, or condition? No \_\_\_ Yes \_\_\_

Describe: \_\_\_\_\_  
 Current medications (include Aspirin, Hormones, Contraceptives, Supplements): \_\_\_\_\_

Known Drug Allergies: No \_\_\_ Yes \_\_\_ Indicate: \_\_\_\_\_

Skin Concerns: Wrinkles Irritated Sensitive Skin Acne Texture Pigmentation  
 Other: \_\_\_\_\_

Area of Interest for Today's Consultation: \_\_\_\_\_

Other Spa Interests: Microdermabrasion Skin Care Products Botox MicroNeedling VI Peel

Wellness Interests: Bone Density Scan Body Composition Scan Weight Loss Strength Training

We are HIPPA Covered Entity & manage your Protected Health Information (PHI) following applicable laws as indicted in our [Notice of Privacy Policies](#) which you have been given a link/chance to review.

Do we have your Authorization to send you your PHI and appointment reminders Yes \_\_\_ No \_\_\_  
 Via Email and/or Text Messages? You will also need to sign a Consent Form for this Authorization and a Consent form for your procedure which are the 2nd and 3rd pages of these documents.

Would you like a "Text Notification" that it's been 4 months since your last Botox Injection? Yes \_\_\_ No \_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent If Age less 18: \_\_\_\_\_ Date: \_\_\_\_\_

Not Cleared \_\_\_ OK for Botox Microdermabrasion VI Peel Rejuvapen Skin Care Products  
 Reason \_\_\_\_\_

Form CL104 Spa Intake Revised 4/9/2023

Dr. Christian's Initials: \_\_\_\_\_

See Dr. Christian's Medical Record Note & Treatment Note

**Authorization & Informed Consent for  
Transmission of PHI & ePHI Via Possibly  
Unsecured Email, Internet, Text, Fax or  
Voice Communication Channels**

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Client #(Office Use) : \_\_\_\_\_

I expressly request, authorize, direct, permit and unequivocally consent to Inside Outside Wellness Center & Medical Spa to transmit my Protected Health Information (PHI) & Electronic Protected Health Information (ePHI) to me via possibly unsecured text/fax/voice message/internet cloud links/email.

I understand that Inside Outside Wellness Center & Medical Spa does not have the capability to completely guarantee that all text/fax/voice messages and email/internet data are transmitted in an encrypted or secured format.

*I understand, however, in accordance with HIPPA Regulations, that Intake Documents, Consent Forms, Treatment Records, DXA Scan Results, Lab Results and other Identifiable PHI or ePHI will be stored in secured physical locations and/or HIPPA compliant encrypted cloud sites such as [Sync.com](http://Sync.com) and [Paubox.com](http://Paubox.com). Therefore, PHI or ePHI can and will be sent to me, by virtue of this consent, by email/text via a HIPPA compliant encrypted link via [Sync.com](http://Sync.com) for download and personal use.*

I expressly waive any claims or rights with respect to transmission of some ePHI or PHI via possibly unsecured text/voice messages/email/internet. This could include Scheduling of appointments, Confirmation of appointments, Rescheduling appointments, Appointment reminders, Directions to our location, and post visit "Thank You" purposes. These communications might also include the nature of my appointment ie Spa Procedure, Botox Treatment and ALLE Reward Information, DXA Scan or Hi-Lo Strength Training, clarification of the appointment details, additional information about the service I received or reminders or instructions for post procedure care.

I fully understand that third parties may attempt to or actually access, use and disclose some PHI or ePHI stored and transmitted by HIPPA Compliant entities such as Inside Outside Wellness Center & Medical Spa and [Sync.com](http://Sync.com) and [Paubox.com](http://Paubox.com) to my mobile phone or desktop computer via text/voice message or email/internet. Once I receive PHI or ePHI, Inside Outside has no responsibility for it's security.

I fully understand the risks of transmitting text/fax/voice messages or email/internet containing PHI or ePHI, I prefer these channels of communication and I am willing to accept those risks.

I knowingly, intentionally and voluntarily waive all rights, claims and damages relating to the negligence, breach of confidentiality or other tort and all other legal claims that could be asserted against Inside Outside Wellness Center & Medical Spa any of its employees, agents, members or otherwise as a result of any third person improperly accessing, using or disclosing my PHI or ePHI as a result of transmission via unsecured text/fax/voice messaging, Internet or email.

Phone/Text Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IO Form Auth & Consent Revised 3/20/2023**

**Informed Consent for use of  
Botox to Correct  
Dynamic Wrinkles**

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Client #(Office Use): \_\_\_\_\_

Botox is a brand name for Botulinum Toxin Type A, a neurotoxin that blocks messages between muscles and the nerves that control them. The effects of Botox become apparent 2-7 days after injection and the maximum effect is at about 10-14 days. The effect then gradually wears off over about 4 months. The FDA has approved the use of Botox to treat frown lines, forehead lines and the crows feet.

Unwanted side effects of Botox include but are not limited to:

- Bruising, local pain, swelling
- Undercorrection which may require touchup
- Overcorrection
- Facial Asymmetry (one side looks a little different than another)
- Paralysis or weakness of a nearby muscle leading to: droopy eyelid, double vision, inability to close eye or asymmetric smile.
- Difficulty whistling or drinking from a straw. Holding fluids in mouth
- Difficulty making "P" or "B" Sounds for Lip Flip Procedure
- Generalized weakness
- Headache, stuffy nose
- Flu Like syndrome
- Development of antibodies to Botox

If you are pregnant, nursing or are allergic to albumin, you should not receive injections. Patients with Eaton-Lambert syndrome or myasthenia gravis should also not have Botox.

I understand Dr. Christian is a conservative injector. If I have never had Botox or if my prior Botox, given by Dr. Christian or another Doctor, has worn off, the dose Dr. Christian uses may not give me the results I want and I may need to return in 7-10 days for a touch up to relax the muscles as desired.

I understand that pictures and/or a video will be taken before and after my injections to document my treatment and these will be considered Electronic Protected Health Information.

I understand the above and have had all my questions answered. I hereby give my informed consent for Botox injections by Dr. Charles B. Christian, Jr.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form CL 101 Consent Botox Revised 5/10/23

**Post Procedure Expectations  
and Instructions  
For Botox Injections**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_ Client #: \_\_\_\_\_

**Post Procedure Expectations and Instructions**

**Botox Injections for Dynamic Wrinkles are rarely the site of infection or drainage.**

**Expect a little swelling in the treated areas for a few hours at the most. Swelling persisting after 24 hours is probably related to a small collection of blood (hematoma) at the injection site which should gradually improve over a week. If swelling persists over 1 week or if redness develops notify Dr . Christian.**

**There might be some slight bruising noted immediately or within 24 hours of the injection. This will resolve on the face in 1 week.**

**Do not rub or massage the areas of injection as this might spread the Botox into muscles which were not intended to be treated.**

**You should sit or stand erect for 2 hours after the injection to keep the Botox from moving into areas not injected.**

**Exercise the day of the injection is allowed but try to do it in a cool area without much sweating or sun. Would not do outside running or spend time in a communal hot tub or a Sauna for 24hours.**

**For Cleansing**

**A Gentle Cleanser without rubbing firmly or hard physical pressure.**

**Make up and Sun Protection can be applied after Botox, but do it Gently, no forced rubbing.**

**If you notice any of the following, notify Dr. Christian  
Muscle Weakness, Trouble Swallowing, Difficulty Speaking, Difficulty Breathing, Poor Bladder Control or Vision Changes.**

**Cell Phone: 210.240.5580**

**Text: 210.616.0836**

**Leave Voice Message: 210.616.0836**

**Form CL102 Botox PP Revised10/22/2022**