

HEALTH HISTORY SUMMARY
CONFIDENTIAL

Patient Name _____
Last First Middle Initial

Preferred Name (If Applicable): _____

Address _____

Birth Date ____/____/____

City _____ State _____ Zip _____

Phone: _____

Email: _____

Emergency Contact:

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Would you like to receive our newsletter? Yes No

How did you hear about us:

Internet Friend or Family _____ (name)

Ad Community Event _____

Other: _____

MEDICAL HISTORY

Please check ALL that apply, both past and present:

- | | |
|--|---|
| <input type="checkbox"/> Acne | <input type="checkbox"/> Addison's Disease |
| <input type="checkbox"/> Adrenal Fatigue | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Allergies/Hay Fever | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Alzheimer's Disease |
| <input type="checkbox"/> Autoimmune Disease | <input type="checkbox"/> Bleeding Tendency |
| <input type="checkbox"/> Blood Clots | <input type="checkbox"/> Blood Pressure Elevation |
| <input type="checkbox"/> Blood Transfusions | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Chest Pain |
| <input type="checkbox"/> Cholesterol, Elevated | <input type="checkbox"/> Chronic Fatigue |
| <input type="checkbox"/> Circulatory Problems | <input type="checkbox"/> Colitis |
| <input type="checkbox"/> Conn's Syndrome/Disease | <input type="checkbox"/> Cushing' Syndrome/Disease |
| <input type="checkbox"/> Dental Problem | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Diabetes Insipidus | <input type="checkbox"/> Diabetes Type 1 |
| <input type="checkbox"/> Diabetes Type 2 | <input type="checkbox"/> Diverticular Disease |
| <input type="checkbox"/> Drug Addiction | <input type="checkbox"/> Ears, Eyes, Nose Throat Problems |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Emphysema |
| <input type="checkbox"/> Environmental Sensitivities | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Estrogen-Dependent Tumor | <input type="checkbox"/> Excessive Water Retention |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Food Intolerance |
| <input type="checkbox"/> GERD | <input type="checkbox"/> Genetic Disorder |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Goiter |
| <input type="checkbox"/> Gout | <input type="checkbox"/> Grave's Disease |
| <input type="checkbox"/> Hashimoto's Thyroiditis | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Hyperthyroidism | <input type="checkbox"/> Hypothyroidism |
| <input type="checkbox"/> Infection, Chronic | <input type="checkbox"/> Inflammatory Bowel Disease (IBD) |
| <input type="checkbox"/> Irritable Bowel Syndrome | <input type="checkbox"/> Irregular Heart Beat |
| <input type="checkbox"/> Kidney or Bladder Disease | <input type="checkbox"/> Liver or Gallbladder Disease |
| <input type="checkbox"/> Lung Disease | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Neurological Problems | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Pituitary Tumor | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Rheumatoid Arthritis | <input type="checkbox"/> Scleroderma |
| <input type="checkbox"/> Seasonal Affective Disorder | <input type="checkbox"/> Sinus Problems |
| <input type="checkbox"/> Skin Problems | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Ulcers |

2308 Kettner Blvd Suite C
San Diego, CA 92101
p: 619.501.6523 / f: 619.330.1887
info@alchemehhealth.com
www.alchemehhealth.com

Urinary Tract Infection

Varicose Veins

MEDICAL (MEN)

Benign Prostatic Hyperplasia (BPH)

Decreased Sex Drive

Prostate Cancer

Testicular Cancer

MEDICAL (WOMEN)

Breast Cancer

Cervical Cancer

Ovarian Cancer

Decreased Sex Drive

Endometriosis

Fibrocystic Breasts

Fibroids

Infertility

Menopause, Natural

Menopause, Surgical

Menstrual Irregularities

Ovarian Cyst(s)

Pelvic Inflammatory Disease

Pregnant

Breastfeeding

Recent Miscarriage

List all medications or supplements you are currently taking on a regular or somewhat regular basis, including over the counter drugs:

List any known allergies:

Smoking Status: Current Smoker Former Smoker Never Smoker

Alcoholic Beverages Per Week: _____

Is there any possibility that you may be pregnant at this time: Yes No

2308 Kettner Blvd Suite C
San Diego, CA 92101
p: 619.501.6523 / f: 619.330.1887
info@alchemehhealth.com
www.alchemehhealth.com

AESTHETIC ADDENDUM
CONFIDENTIAL

MEDICAL HISTORY

Please check ALL that apply, both past and present:

- | | |
|--|---|
| <input type="checkbox"/> Chronic skin condition | <input type="checkbox"/> Skin cancer |
| <input type="checkbox"/> Photosensitivity | <input type="checkbox"/> Herpes simplex or cold sores |
| <input type="checkbox"/> Laser skin resurfacing | <input type="checkbox"/> Chemical peel |
| <input type="checkbox"/> Keloid or hypertrophic scar | <input type="checkbox"/> Accutane use for acne |
| <input type="checkbox"/> Botox injection | <input type="checkbox"/> Pigmentation disorder |
| <input type="checkbox"/> Tetracycline use for acne | <input type="checkbox"/> Injection of collagen or other dermal filler |
| <input type="checkbox"/> Recent waxing or plucking | <input type="checkbox"/> Electrolysis or threading |
| <input type="checkbox"/> Recent sunburn or tan including tanning bed | |

Do you or your family have a history of atypical moles, vitiligo, developing keloids, melanoma or other skin cancer? Yes No

If yes, please explain: _____

When exposed to the sun, do you usually:

- | | |
|---|--|
| <input type="checkbox"/> Always burn, never tan | <input type="checkbox"/> Burn easily, tan poorly |
| <input type="checkbox"/> Tan after initial burn | <input type="checkbox"/> Burn minimally, tan easily |
| <input type="checkbox"/> Rarely burn, tan darkly easily | <input type="checkbox"/> Never burn, always tan darkly |

Do you use sunscreen regularly? Yes No

Do you use artificial or "sunless" tanning products? Yes No

List any special skin care products you use:

Please list all surgeries (including plastic surgery and wisdom teeth removal) along with the date of the surgery:

Have you or anyone in your family ever had or have a history of unusual reactions or problems with local anesthesia (i.e. Novocaine), topical anesthesia, or general anesthesia? Yes No

If yes, please explain: _____

OFFICE POLICIES AND PROCEDURES

APPOINTMENTS:

- Appointments can be scheduled by telephone at 619.501.6523 or online.
- Payment is due at the time of your consultation.
- A credit card is required to hold your initial appointment.

OFFICE CONSULTATIONS:

- Our office is wheelchair accessible. There is 2-hour metered parking nearby as well as valet parking located between the Crack Shack and Juniper and Ivy. Patients spending \$125 and over will receive a credit for valet parking.

CANCELLATIONS AND NO-SHOWS:

- Patients who cancel their aesthetic or medical consultation appointment less than 24-hours prior to their scheduled appointment time will be charged 50% of their consultation fee.
- Patients who do not cancel their aesthetic or medical consultation appointment and do not show up will be charged the full consultation fee. Please understand that a missed appointment could have gone to another patient.

QUESTIONS AND FOLLOW-UP:

- Questions regarding your care may be sent via phone or email to our patient care coordinator. Our phone number is 619.501.6523 and our email is patientcare@alchemehhealth.com. Email is a not a HIPPA-compliant form of communication and is not designed for urgent concerns.

DISPENSARY:

- Unopened products purchased from our office's dispensary may be returned within 30 days of purchase. Opened products are non-refundable. Probiotics are non-returnable items.

INSURANCE:

- We currently do not accept any insurance plan or bill insurance on your behalf. We can supply you with a "superbill" or medical receipt that you can submit to your carrier for reimbursement. We make no guarantee of payment or reimbursement. Please request a superbill at the time of your appointment.

ACCEPTANCE OF POLICIES AND PROCEDURES

By completing the following you agree to the policies and procedures detailed above.

Name: _____

Signature: _____

Date: _____

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information may be used and disclosed and how you can get access to this information. Please review this notice carefully.

OUR PLEDGE REGARDING MEDICAL INFORMATION

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our clinic. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

OUR LEGAL DUTY

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
3. Follow the terms of the current notice.

We have the right to:

1. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law. Before we make an important change in our privacy practices we will change this notice and make the new notice available upon request.
2. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep including information previously created or received before the changes occurred.

USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed, however we have listed all of the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us at the address provided at the end of this notice.

- **FOR TREATMENT:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians or other people who are taking care of you. We may also share medical information about you to your other health care providers to assist them in treating you.

- FOR PAYMENT: We may use and disclose your medical information for payment purposes. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include your medical information.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Use and disclosure of protected health information is regulated by a federal law known as The Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Under HIPAA, providers of healthcare are required to give patients their Notice of Privacy Practices for Protected Health Information and make a good faith effort to obtain a written acknowledgment that this notice was received.

Therefore, I, _____, acknowledge that Alchemé Health has provided me a written copy of its Notice of Privacy Practices for Protected Health Information.

Name: _____

Signature: _____

Date: _____

AUTHORIZATION FOR AND RELEASE OF MEDICAL
PHOTOGRAPHS/VIDEOTAPES

Cosmetic dermatology is a visually oriented specialty. As such, it is necessary that medical photographs be taken before, during, and after a cosmetic procedure or treatment. This allows for you to see the before and after effects of the procedure. Photographs are required only for the body part in question and often these images are so close up that identification of the person is not possible. Consent is required to take such images.

Additionally, patients may consent to release these medical photographs/slides, videotapes for a stated purpose such as for use in instructional, educational, or promotional materials. These materials are very important to insure continued understanding of the treatments is available to all patients. Please carefully read the information contained in both sections below, and provide your consent where applicable.

CONSENT TO TAKE PHOTOGRAPHS/VIDEOTAPES

I hereby authorize ALCHEMĒ staff to take pre-procedural, procedural, and post-procedural photographs and/or videotapes. I consent to the use of these images for the purpose of pre-procedural planning and post-procedural evaluation by ALCHEMĒ staff, and I understand that they shall be made a part of my medical record.

Patient Signature: _____ Date: _____

Print Name: _____

Parent or Guardian Signature (if applicable): _____

CONSENT FOR RELEASE OF PHOTOGRAPHS/VIDEOTAPES

I hereby authorize ALCHEMĒ staff to use pre-procedural, procedural and post-procedural photographs and/or videotapes for professional medical or promotional purposes as deemed appropriate by them. I understand I will not be identified by name at any time. Unless necessary to include it, my face will not appear in the images. I understand that in some instances the images may portray features which could make my face recognizable. I understand that I will not be entitled to monetary payment or any other consideration as a result of any use of these images. The permission may be ALCHEMĒ Health.

Patient Signature: _____ Date: _____

Print Name: _____

Parent or Guardian Signature (if applicable): _____

INTENSE PULSED LIGHT (IPL) INFORMED CONSENT

INTRODUCTION

The Versa IPL Treatments is a new, proven, high-tech skin care procedure. Published studies indicate that Versa IPL Treatments can significantly improve the appearance of fine lines, wrinkles, pore size, textural irregularities, and vascular and pigmentation blemishes in over 80% of cases, with clients reporting a noticeable improvement in the cosmetic appearance of their skin during and at the completion of their program.

Versa IPL treatment consists of directing Intense Pulsed Light (IPL) energy at the skin. The energy passes through the outer surface of the skin, called the epidermis and penetrates into the lower layer of the skin called the dermis. Once in the dermis, the IPL stimulates a cell called a fibroblast to produce your own new collagen. Over several treatments, this new collagen smooths and softens the appearance of your wrinkles, pore size and textural irregularities. Using special filters to control the wavelength of pulsed light, sun-damaged skin with pigmentation abnormalities and vascular blemishes such as spider veins and rosacea can be lightened and improved.

Following Versa IPL treatments, there may be a minor degree of redness and puffiness to the skin, along with some tingling discomfort that usually disappears within 1 hour to 2 days. You may apply makeup immediately and return to your regular daily activities with no "downtime." A comprehensive skin care program will be recommended to you to use in conjunction with your Versa IPL treatments. **It is highly recommended you discuss a maintenance program and begin a home skin care program to prevent potential complications, optimize and maintain the cosmetic improvements you obtain with your Versa IPL treatments.**

POTENTIAL BENEFITS OF VERSA IPL TREATMENTS

The most obvious potential benefits are an improvement in the appearance of wrinkles, pore size, textural irregularities, acne scarring, vascular and pigmentation blemishes of aging or sun-damaged skin.

RISKS ASSOCIATED WITH VERSA IPL TREATMENTS

Although the vast majority of clients receiving Versa IPL treatment never experience any of these complications, you should discuss each of them with a treatment professional to ensure you fully understand the alternatives, risks, potential complications and average outcomes of Versa IPL treatments.

2308 Kettner Blvd Suite C
San Diego, CA 92101
p: 619.501.6523 / f: 619.330.1887
info@alchemehhealth.com
www.alchemehhealth.com

Patient Initials: _____
Date: _____

- **Discomfort:** The Versa IPL treatments are very well tolerated office treatments. Client comfort is optimized with the use of topical anesthetic cream and cooling. With these treatments you may experience a minor and tolerable degree of burning and/or tingling discomfort with each treatment.
- **Skin Wound:** It is exceedingly rare for Versa IPL treatments to cause a blister or skin wound. This is more of a risk in darker or tanned skin types. If a blister or skin wound develops it may take 5 to 10 days to heal, and, in extremely rare instances, may leave a noticeable whitening or darkening of the skin or, even more rarely, a scar. Blisters or skin wounds are much more common if you do not follow the recommended avoidance of sunlight, self tanners, UV light, and florescent light exposure.
- **Scarring:** Scarring occurs in less than .1% of cases. If you have developed a wound and a scar, the scar may end up being flat and white, large and red, or extend beyond the margins of the injury (keloid). Subsequent treatment or surgery may be required to improve the appearance of the scar. The scar may be permanent. Not following pre- and post-treatment instructions may increase the likelihood of a skin wound or scar.
- **Pigment Change:** With the IPL energy used in Versa IPL treatments, there is a small risk (<1%) of temporary hyperpigmentation (increased pigment or brown discoloration) or hypopigmentation (whitening of the skin). Usually these pigment effects are temporary and resolve over several weeks or months. Permanent hyperpigmentation or hypopigmentation is very rare. The majority of Versa IPL clients will receive skin care products. The medical skin care products are important to obtain optimal results.
- **Tanning:** It is essential that you not tan your skin or use tanning creams prior to Versa IPL treatments as the pigment in your skin will absorb some of the IPL energy and this will increase your risk of pigment change or skin wound. You should not have Versa IPL treatments if you have tanned skin until the tan has faded appreciably (at least 6 weeks) and avoid tanning for 2 weeks afterwards. If you are using artificial tanning creams, allow these to fade for 2-3 weeks prior to beginning treatment.
- **Bruising:** It is exceedingly uncommon to have any skin bruising following treatment. If bruising occurs, make up can be used to cover it immediately and it will usually resolve in 8 to 10 days. As the bruising fades, there may be a rust-brown discoloration of the skin that may take special creams to resolve.
- **Infection:** Because Versa IPL treatments involve no actual cutting, surgery or skin penetration, infection is exceedingly rare.
- **Excessive Redness and Swelling:** Rarely, a minor degree of redness and/or puffiness of the skin may follow treatment and usually lasts 1-2 hours and is concealed with make-up. This may persist, in rare instances, for 1-2 days. Versa IPL treatments will leave your skin photosensitized for 48 hours after each treatment and you must avoid light. Failure to do so will result in significant redness and swelling that may be quite disfiguring and may increase the rare risk of complication, such as blisters, scarring and pigmentation changes.
- **Fragile Skin:** The skin overlying the treatment area may become fragile. Although uncommon, the fragile skin can become reddened and the outer layer may peel off, much

2308 Kettner Blvd Suite C
 San Diego, CA 92101
 p: 619.501.6523 / f: 619.330.1887
 info@alchemehhealth.com
 www.alchemehhealth.com

Patient Initials: _____
 Date: _____

like a blister. This usually settles in 8 to 10 days. Fragile skin or blisters may be more common after IPL if IPL post-care instructions are not followed. If you are subject to cold sores, please notify your treatment professional as cold sore eruptions can be common with Versa IPL treatments, you may need to go on an antiviral medication during your treatment.

- **Accutane:** Accutane must be stopped 3 months prior to treatment.
- **Pregnancy:** While there are no known adverse reactions that may affect a fetus, we do not recommend proceeding with treatment if you are pregnant.

ALTERNATIVES TO THE VERSA IPL

- Diode Laser
- Ultherapy

HEALTH INSURANCE

Most health insurance companies exclude coverage for cosmetic procedures such as the Versa IPL. Health-related complications that may arise from such treatment may not be covered by all insurance plans. Please carefully review your health insurance subscriber-information pamphlet if you have a private insurance carrier.

FINANCIAL RESPONSIBILITIES

You will likely be responsible for all payments related to the treatment. Additional costs may occur should complications develop from treatment. There are no refunds once a treatment has been performed.

DISCLAIMER

What our ALCHEMĒ staff members have discussed with you and has been included in this booklet are the material risks both common and uncommon that ALCHEMĒ physicians feel a reasonable person would want to know, understand, and consider in trying to decide if the proposed treatment of a condition is something they would like to proceed with.

However, this handout should not be considered to be all-inclusive in defining other methods of care and risk encountered. ALCHEMĒ staff may provide you with additional or different information that is based on all the facts of your particular case and the current state of medical knowledge.

Informed consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information contained on this and all preceding pages carefully and have all of your questions answered by ALCHEMĒ staff before signing the consent on the last page.

2308 Kettner Blvd Suite C
San Diego, CA 92101
p: 619.501.6523 / f: 619.330.1887
info@alchemehhealth.com
www.alchemehhealth.com

Patient Initials: _____
Date: _____

CONSENT FOR PROCEDURE AND/OR TREATMENT

I have received the following information and informed consent for the Versa Intense Pulsed Light

1. I hereby authorize ALCHEMÉ staff to perform the Versa Intense Pulsed Light treatment.
2. I recognize that during the course of the procedure/treatment unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and/or assistants or designees to perform such other procedures that are in the exercise of his or her professional judgement necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such topical anesthesia considered necessary or advisable.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
5. I understand that the signature of a witness (if a non-physician or registered nurse) on this document indicates only that the signing of my name has been observed and not that the witness has necessarily provided information regarding the procedure.
6. I consent to and understand that:
 - a. The above treatment or procedure may be undertaken
 - b. There may be alternative procedures or methods of treatment
 - c. There are risks to the procedure/treatment proposed
 - d. Any questions I may have asked have been answered to my satisfaction

I CONSENT TO THE PROCEDURE AND/OR TREATMENT AND THE ABOVE LISTED ITEMS (1-9). I AM SATISFIED WITH THE EXPLANATION OF RISKS AND BENEFITS.

Patient or Legal Guardian: _____

Print Name: _____

Date: _____

Witness: _____

2308 Kettner Blvd Suite C
San Diego, CA 92101
p: 619.501.6523 / f: 619.330.1887
info@alchemehhealth.com
www.alchemehhealth.com

Patient Initials: _____
Date: _____