

Full Legal Name: _____ Preferred Name: _____

Birth Date: ____/____/____ Age: ____ Sex: M / F / Other: (preferred pronoun) _____

Address: _____ City: _____

State: _____ Zip Code: _____

Home: (____) _____ Work: (____) _____ Cell: (____) _____

E-mail: _____

Emergency Contact: _____ Relationship: _____ Telephone: (____) _____

Allergies & Sensitivities: _____

How did you hear about NuYu Aesthetics™? _____

Are you entered in NuYu's monthly drawing to win products, treatments, & gifts? Y/N Would you like to be? Y/N
(If you "Like" NuYu Aesthetics™ Medical Spa on Facebook, you're already automatically entered in each drawing. Winners are notified privately unless they wish to be publicly announced.)

Please put a check mark next to the procedures about which you would like to receive more information:

Facial Therapies

- Botox to Flatten and Prevent Wrinkles
- Dermal Filler for Augmentation
- Wrinkles and Sun Damage
- Acne
- Microdermabrasion/Planing(Leveling)

Supplements

- Hair, Skin, & Nail Health
- Weight Loss
- Mental Alertness and Stamina
- Immune Support Booster

Other

- Results Driven Skincare Products

Additional Interests: _____

Intense Pulse Light (IPL)/Laser Treatments

- Hair Removal
- Brown Spots
- Facial Redness
- Spider Veins/Leg Veins
- Broken Capillaries
- Shaving bumps/ingrown hair

BHRT (Bioidentical Hormone Replacement Therapy)

- Hormone Therapy

Body Treatments

- Inch Loss
- Spider Veins
- Skin Tags
- Stretch Marks

Please put a check mark next to a past or current medical condition:

Medical History:

- Lupus or other auto-immune deficiency (A)
- Pregnant (A)
- Bleeding abnormalities (A)
- Accutane® Treatment in the last 6 months (A)
- Keloid or very thick scarring (A)
- Psoriasis or Vitiligo (A)
- Pulmonary embolism/blood clot (V)
- Leg ulcer or Phlebitis (V)
- Blood thinning medication (V)
- Rheumatoid Arthritis "Gold" Therapy (A)
- Herpes simplex or fever blisters (A)
- Diabetes (A)
- Epilepsy (A)
- Scars that turn white or brown (A)
- Dark spots after pregnancy, skin injury (A)
- HIV (A)
- Hepatitis (A)
- Waxing/Plucking/Electrolysis within last 6 weeks (HR)
- Hirsutism (HR)
- Transplant Anti-Rejection Drugs (HR)
- Chemical Peel, Dermabrasion, Laser Resurfacing, Face Lift (A)

Please list any medications or herbal supplements that you are currently taking:

X _____

Patient's Signature

_____/_____/_____

Date