**MEDICAL HISTORY & INTEREST FORM**

### **Timeless Beauty Aesthetics – Medical & Aesthetic Intake Form**

**Client Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**DOB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date of Visit:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **🔹 Medical History**

Please check any of the following that apply to you:

* Heart condition
* High/Low blood pressure
* Diabetes
* Hormonal imbalances
* Seizures
* Metal implants or pacemaker
* Autoimmune disorders
* History of keloid scarring
* Skin conditions (eczema, psoriasis, etc.)
* Recent cosmetic procedures
* Allergies (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you pregnant or nursing? [ ] Yes [ ] No  
Are you currently taking any medications or supplements?  
If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **🔹 Skincare & Aesthetic History**

* Do you currently use retinol or prescription skincare? [ ] Yes [ ] No
* Have you had chemical peels, microneedling, or laser treatments before? [ ] Yes [ ] No
* Have you had Botox or fillers before? [ ] Yes [ ] No
* Do you have a history of cold sores? [ ] Yes [ ] No

### **🔹 What Brings You In Today?**

(*Check all that apply*)

* Anti-Aging / Wrinkle Reduction
* Pigmentation / Melasma
* Acne / Acne Scars
* Skin Tightening
* Weight Loss / Body Contouring
* Hair Restoration
* Hormonal Balance / Wellness
* Hydration & Glow (IV Therapy)
* Lip or Facial Filler
* Botox / Xeomin
* Improving Skin Texture / Pores
* Laser Hair Removal
* Intimate Lightening
* Not Sure – I’d like a full consultation

### **🔹 Are You Interested In…**

(*Optional – helps us build your custom plan*)

* Monthly Membership Savings
* Package Deals for Better Pricing
* Payment Plan Options
* Medical-Grade Skincare
* Full Transformation Plan Over Time

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

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## **CUSTOM TREATMENT PLAN RECOMMENDATION FORM**

*Purpose: For provider to write out a clear, visual plan that drives follow-through*

### **📝 Timeless Beauty – Client Treatment Plan**

**Client Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Consulted By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Service** | **Qty** | **Frequency** | **Package Price / Est. Cost** |
| --- | --- | --- | --- |
| Neurotoxin |  | Every 3-4 months |  |
| Filler | 2 | Every 6–12 months |  |
| Morpheus8 | 6 | 3 sessions, 4–6 wks apart |  |
| Laser for Pigment |  | 3–5 sessions, 4 wks apart |  |
| IV Therapy |  | Weekly / Monthly |  |
| Semaglutide (GLP-1) |  | Weekly – 12 weeks |  |
| Microneedling w/ Exosomes |  | 3 sessions, 4 wks apart |  |
| Intimate Lightening |  | 3–6 sessions, 3 wks apart |  |
| Facials | 5 | Monthly |  |
| Chemical Peels |  | Every 6–8 weeks |  |
| B12 Shots |  | Weekly / Bi-weekly |  |
| Custom Add-On: \_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

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### **Home Skincare Recommendations**

Product Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Recommended Routine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Notes / Timeline / Special Instructions**

**Next Visit Scheduled:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_  
  
**Provider Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_