



Mesotherapy and VelaShape Intake Form

Date _____

Personal Information:

Name: _____

Address: _____ City: _____ Postal Code: _____

Telephone: _____ Cell: _____ Work: _____

E-mail: _____ Occupation: _____

Date of Birth: dd/ mo/ yr Sex: _____

How did you hear about The Nardella Clinic _____

Emergency Contact Name _____ Telephone: _____

Health History:

Please indicate your reasons for considering body contouring/cellulite treatment services

Please list your major health concerns _____

Please list surgeries and their dates _____

Please list ALL - medications you are currently taking _____

- Mineral/vitamin/herbal supplements _____

- Drug/vitamin or environmental allergies _____

Please indicate if you have have/had any of the following, if so please explain.

Bleeding disorder, bruising, Dermatologic Conditions _____

Photosensitive/Photo allergic _____

History of Keloid Scarring _____

Pacemaker/Defibrillator _____

Diabetes Type 1 or 2 _____

Accutane within 6 months _____

Infection/Broken skin _____

Pregnancy _____

Fragile or intolerant skin _____

Malignancy _____

Phlebitis, Blood clots _____

Please state any other Health Concerns _____



INFORMED CONSENT

The above information is true to the best of my knowledge. I understand that I am financially responsible for payment, upon service rendered. I also authorize The Nardella Clinic to release information required by my extended health care provider to process my claims. I acknowledge that I must give 48 hours notice for any cancellation or rescheduling of a booked appointment. If said notice is not given I acknowledge that a cancellation fee will be applied to the Credit Card number that I have provided at the time of initial booking.

Patient/Guardian signature