Monarch Aesthetic Medicine
4632 Sawmill Road Columbus, OH 43220 | (614) 545-2002
NEW PATIENT PAPERWORK

Name _____ Date of Birth _____
Last First Middle

Address _____ Home Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Employer _____ Occupation _____

Gender: ☐ M ☐ F ☐ Other Preferred Pronoun____ Language:_____

Which category best describes you? (Select all that apply.)

☐ White ☐ Black or African American ☐ American Indian or Alaska Native
☐ Hispanic, Latino or Spanish origin ☐ Asian ☐ Native Hawaiian/Other Pacific Islander
☐ Some other race, ethnicity or origin

Emergency Contact Name _____ Relationship_____ Phone _____

WE'D LOVE TO STAY IN CONTACT. We use digital communication to confirm appointments, correspond, & make patients aware of specials and coupons. (This information is strictly for in-office use only. We do not sell your info.)

Email Address: _____

Social Media Usernames (Facebook/Twitter/Instagram): _____

How did you hear about Monarch Aesthetic Medicine? (Choose from options below)

☐ Facebook ☐ Instagram
☐ Google Ad/Search ☐ Another Patient
☐ Groupon ☐ Other _____ ☐ Friend/Relative _____
Please list so we can thank them.

Preferred Pharmacy: _____ Address: _____Phone:_____

Past Medical History Have you had, or do you currently have, any of the following? (Y=yes, N= no) Circle all that apply

Myasthenia Gravis Y N	High Blood Pressure Y N	Keloid former Y N	Hepatitis A, B, or C Y N
Cold Urticaria Y N	Cryoglobulinemia Y N	Epilepsy/Seizures Y N	Guillain Barre Y N
Post-herpetic Neuralgia Y N	High Cholesterol Y N	Glaucoma Y N	Pancreatitis Y N
Diabetes Y N	Kidney/Liver Disease Y N	Cold Sore Y N	HIV Y N
Bleeding/Clotting Disorder/ Blood Thinner Y N	Thyroid Disease/ cancer Y N	Obesity Y N	Autoimmune Disease Y N

List all hospitalizations/surgeries and dates: _____

List current medications/vitamins/herbs with dosage: _____

List all known allergies: (drugs, foods, environmental) _____ Are you Currently Pregnant/Breastfeeding? No ☐ Yes ☐

Do you drink caffeine? No ☐ Yes ☐ ____ drinks per day Do you drink alcohol? No ☐ Yes ☐ ____ drinks per day/week/month

Do you use tobacco products? No ☐ Yes ☐ (what brand & how much?) _____

Have you used recreational substances in the last two years? No ☐ Yes ☐ _____

Do you have metal implanted in your body? Pacemaker? Defibrillator? No ☐ Yes ☐

Have you been exposed to direct sun in the last 2 weeks, or tanned in a tanning bed? No ☐ Yes ☐

Have you used sunless tanner or received a spray tan in the last 2 weeks? No ☐ Yes ☐

Have you received any vaccinations in the last 2 weeks? No ☐ Yes ☐

_____ _____
Patient Signature Date

_____ _____
Reviewed by Healthcare Provider Date

Monarch Aesthetic Medicine

Important Notice Regarding the Privacy of your Health Information

Your privacy is important to us. We create information about you so we may provide you with quality care. We are committed to protecting this information. The Notice of Privacy Practices describes your rights with regard to your health information as well as how we may use your health information and how we must protect the confidentiality of your health information. This is a summary of the more detailed information contained in our Notice of Privacy Practices:

Your rights include:

- A right to inspect a copy of your medical information
- A right to amend your health information
- A right to request restrictions on what information we use or how we disclose your health information
- A right to receive a paper copy of our Notice of Privacy Practices

These rights have special restrictions, so it is important that you read the full Notice.

It is the policy of Monarch Aesthetic Medicine to provide a safe and confidential environment for all patients. All areas in the office, including the waiting room, reception areas, hallways, exam rooms and laboratories will be maintained in an effort to provide patient privacy during interviews, examinations, treatments and consultation.

We may use your health information and/or records to:

- Plan for your care
- Help your health care providers communicate and work together to care for you
- Submit bills to pay for your care
- Help health care payors make sure services were actually provided
- Help improve the quality of health care.
- Disclose information to certain officials or organizations when we are required to do so by law.

We encourage you to carefully read the Notice and ask to speak with the staff of Monarch Aesthetic Medicine if you need more information.

I have been offered the Notice of Privacy Practices for Monarch Aesthetic Medicine:

Printed Name: _____

Signature: _____ Date: _____

(Patient, Parent or Guardian)

Financial Policy

Your clear understanding of our financial policy is important to our professional relationship. Please understand that payment of your services is considered part of your overall treatment. Your signature acknowledges understanding and acceptance of the following statements:

Required at Check-In

Each time you check in for your appointment you may be required to:

- Verify personal contact information
- Pay any outstanding account balance

Administrative Fees and Account Balances

- Missed Appointments - Patients who do not attend their scheduled appointment or who cancel appointments with less than a 24-hour notice will be charged $25.00-$50.00 for each missed appointment depending on the time booked.

- Medical Records – Patients requesting copies of medical records for dates of service on or after February 1, 2018 will be charged a fee according to HIPAA and Ohio State Law (see ORC 3701.741).

- Returned Check Fee - A $35.00 fee will be assessed for each returned check.

- Collection Charges - Accounts that are not paid in a reasonable amount of time may be sent to an external collection agency and reported to the credit bureau. In addition to your outstanding balance, which may include billing fees, a 33% surcharge will be added to cover our costs and you may be dismissed from the practice if your account is sent to collections.

- 50% of the total cost of treatment on regular priced services is required prior to scheduling. The remaining balance is to be paid on the day of the treatment (if a series of treatments are to be completed, payment in full must be paid on arrival the day of the 1st treatment). Monthly specials are good for their valid calendar month only, and must be paid in full prior to scheduling and before the end of the month that the special is being run. Event prices, or individualized packages with special discounts are valid the day of the event or consult only and payment in full is required to be made the same day in order to secure the special pricing. Any and all payments made for services at Monarch Aesthetic Medicine are non-transferable and cannot be combined with any other offers, discounts, gift cards, or promotions. $50 of this deposit is **NON-REFUNDABLE UNDER ANY CIRCUMSTANCES** if the service is cancelled and a refund of the prepayment is requested. Once a series of treatments has commenced, NO refund will be issued. No refund will be issued on any services rendered. All product sales are final. The patient understands there is a possibility of an imperfect cosmetic outcome and realizes aesthetic medicine is an art and no human being is entirely symmetrical pre or post procedure. All product sales are final. The patient understands a $25 charge will be incurred for cancelled appointments without a 24 hour notice.

I understand and agree to abide by the above policies and procedures as outlined in the Monarch Aesthetic Medicine Financial Policy.

Print Name_____

Patient Signature_____ Date_____

(Signature of Parent/Guardian if patient is a minor)

Patient Name:_____ **Date:**_____

Other than the services we may already provide for you, what additional services would you like to learn about? Please check all that apply.

❑ Skin care advice	❑ Botox® Cosmetic	❑ CoolSculpt Elite®
❑ Skin care products	❑ Dysport®	❑ Skin Rejuvenation 2.0/IPL
❑ Facial fine lines/wrinkles	❑ Daxxify	❑ Fraxel Dual®
❑ Acne	❑ Dermal Fillers	❑ Virtue RF
❑ Uneven skin tone/texture	❑ Bellafill®	❑ Subnovii / Plasma Pen
❑ Brown spots/age spots	❑ Sculptra® Aesthetic	❑ Diamond Glow/hydrafacial
❑ Facial veins/redness/rosacea	❑ Restylane®	❑ Microneedling
❑ Facial fullness/drooping	❑ Juvederm®	❑ Microdermabrasion
❑ Thin lips/lip lines	❑ Kybella®	❑ Dermaplane
❑ Drooping eyelids/brow	❑ Asclera®	❑ Waxing/tinting
❑ Unwanted body fat	❑ RHA Collection Fillers	❑ Laser hair reduction
❑ Excess chin fat	❑ Chemical Peels/VI Peel	❑ PRP
❑ Unwanted hair	❑ Latisse	❑ Prx-T33
❑ Thinning hair	❑ Obagi	❑ Exosomes
❑ Spider/varicose veins	❑ Plated Skincare	
❑ Weight Loss		

Please answer the following questions on a scale of 1 to 5 by circling the appropriate number.

When looking at my face in the mirror, I believe I look younger, the same as, or older than my true age.

Younger Than		*True Age*		*Older Than*
1	2	3	4	5

When looking in the mirror, I am not concerned, somewhat concerned, or very concerned about my appearance.

Not Concerned		*Somewhat Concerned*		*Very Concerned*
1	2	3	4	5

Morning Skincare Routine:	
Evening Skincare Routine:	
Do you feel that your current skincare routine is addressing your concerns? Yes / No	
Do you wear Sunscreen? Yes / No	