



KEEPING CLIENT/PATIENT INFO CURRENT

Dear Valued Patient

Thank you for your interest in our Medi-Spa. As you are now a valued customer of our clinic we want to offer you the best service possible. For us to be able to offer this we need to make sure your information on our system is current. Therefore once a year we will review this and ask you to please complete the following for us.

Full Name: _____ Date of Birth: _____

1. Are you currently using medications and/or have it changed? _____

2. Have you been diagnosed with any new illness and/or you currently being treated for it? _____

3. During the past 6 months have you used any Accutane or any medications for Lupus or Rheumatoid Arthritis? _____
4. Are you currently pregnant or trying to get pregnant? _____
5. Have you ever been diagnosed with cancer? _____
6. Please update the following if it has changed at all:
Email: _____
Telephone contact information: ____ - ____ - _____
Address: _____

Thank you for being a valued client/patient.

**If you have any questions or concerns please contact the office.
902-893-7613 or reception@nslaser.com**