



CLIENT'S NAME \_\_\_\_\_  
FIRST LAST MIDDLE

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

HOME PHONE \_\_\_\_\_ CELL# \_\_\_\_\_

EMAIL \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ OCCUPATION \_\_\_\_\_

SEX  FEMALE  MALE  TRANSGENDER  NON-BINARY  PREFER NOT TO RESPOND

MARITAL STATUS  SINGLE  MARRIED  DIVORCED  WIDOW

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

ARE YOU UNDER A PHYSICIAN'S CARE FOR ANY CONDITIONS?  YES  NO

IF YES, WHOM? \_\_\_\_\_

HOW DID YOU HEAR ABOUT US?

GOOGLE  INSTAGRAM  FACEBOOK  WEBSITE  OTHER \_\_\_\_\_

FRIEND/FAMILY  EXISTING CLIENT (WHOM?) \_\_\_\_\_

**FINANCIAL POLICY**

Thank you for choosing D'Vine Medical Spa for your aesthetic and wellness needs. Payment is due at the time services are rendered. For your convenience, we accept cash and all major credit cards. All services, packages, memberships, deposits, gift certificates, and products are non-refundable. Treatment packages and prepaid services are non-transferable and expire one (1) year from the date of purchase unless otherwise specified. I understand and agree that all services rendered are my financial responsibility and that payment is due at the time of service.

**CANCELLATION POLICY**

A valid credit card is required to reserve appointments. A \$50 reservation deposit may be required and will be applied toward your treatment balance. Deposits are non-refundable. We require a minimum of 48 hours' notice for appointment cancellations or rescheduling. Appointments canceled with less than 48 hours' notice, missed appointments, or no-shows may result in the loss of deposit and/or a cancellation fee. By scheduling an appointment, I acknowledge and agree to D'Vine Medical Spa's cancellation and appointment policies.

**HIPAA ACKNOWLEDGMENT**

I understand that D'Vine Medical Spa's Notice of Privacy Practices is available for my review upon request. I acknowledge that the information I have provided is true, accurate, and complete to the best of my knowledge. I understand that medical and cosmetic treatments carry inherent risks and that no guarantees regarding treatment outcomes have been made. I consent to clinical photographs being taken for medical documentation, treatment planning, and progress tracking. I understand that any use of photographs for educational, marketing, website, or social media purposes requires separate written authorization. I acknowledge that I have reviewed the financial, cancellation, privacy, and office policies of D'Vine Medical Spa and agree to abide by them.

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_