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Today's Date \_\_\_\_\_

### AESTHETIC CONSULTATION FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any food/medication allergies? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

Please list all medications/supplements: \_\_\_\_\_

Are you currently, or think you could be pregnant? \_\_\_\_\_

Have you ever had a cold sore? \_\_\_\_\_

What is your skin type and concerns? \_\_\_\_\_

Current skincare regimen: \_\_\_\_\_

What are your skin goals? \_\_\_\_\_

**\*\*\*No Show Policy\*\*\***

Our goal is to provide quality individualized aesthetic care in a timely manner. In order to be respectful to our staff and other patients, please call Trahan ENT & Aesthetics promptly if you are unable to show up for an appointment. If it is necessary to cancel your scheduled appointment, we advise that you call atleast 24 hours in advance. A "no-show" is someone who misses an appointment without cancelling it in an adequate manner. All aesthetic appointments will be held with a credit card.

**Failure to show for your appointment will result in a \$50.00 NO SHOW FEE that will be charged to the card on file.**

\_\_\_\_\_  
Patient or Guardian Signature

\_\_\_\_\_  
Date



## SKINCARE AND PHOTOGRAPHY INFORMED CONSENT

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

The clinical procedure(s) performed by our aesthetic personnel are not a cure-all epidermal treatment. However, for certain skin conditions, these procedures can provide marked improvement in the appearance of one's skin. Therefore, it is very important that you have a thorough understanding of what an aesthetic procedure can and can not do for your particular skin condition or skin type. In addition, it is imperative that you acknowledge the potential risk associated with the certain procedures.

The foregoing list is not intended to be complete list of all possible complications , which could arise as a result of the aesthetic procedure(s).

- Discomfort of any sort is generally minimal and subsides after a short duration.
- Swelling is unusual, depending on the skincare service you are receiving.
- Reddening of the treated area is normal.
- Demarcation is a difference in color, texture, or pigmentation the may occur at the junction between the treated and non-treated areas, which is not common.
- Existing blemishes or moles, freckles, sun spots, and blood vessels may become more obvious after a dermaplane since the top layer is skin is being removed.
- If dermaplaning is administered, hair is expected to grow back blunt-ended. New hair will not appear darker or denser, a common myth.

I, \_\_\_\_\_, grant my permission for the use of photographs and videos for the following clinical purposes as indicated by my initials below:

\_\_\_\_\_ I understand that such photographs and videos may be published by Trahan ENT and Aesthetics for marketing/advertising purposes. This includes email, social media, website, and other marketing materials.

\_\_\_\_\_ I release and discharge Trahan ENT and Aesthetics from all rights that I may have in the photograph, and from any claim that I may have relating to such use.

\_\_\_\_\_ I understand this consent is voluntary.

\_\_\_\_\_ I do not grant permission for my clinical photographs and videos to be published.

I have read the above consent, and authorization and release.

Patient or guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# SELF-ASSESSMENT

Please complete and return this form to the front office before your consultation.

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ DATE: \_\_\_\_\_

What brings you in today? \_\_\_\_\_

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

<input type="checkbox"/> Skin care advice	<input type="checkbox"/> Facial veins	<input type="checkbox"/> Scar revision
<input type="checkbox"/> Skin care products	<input type="checkbox"/> Facial redness	<input type="checkbox"/> Breast size
<input type="checkbox"/> Facial injectables/fillers	<input type="checkbox"/> Brown spots/age spots/freckles	<input type="checkbox"/> Abdominal area
<input type="checkbox"/> Facial fine lines/wrinkles	<input type="checkbox"/> Drooping brow	<input type="checkbox"/> Hips
<input type="checkbox"/> Thin lips	<input type="checkbox"/> Drooping eyelids	<input type="checkbox"/> Legs
<input type="checkbox"/> Length of eyelashes	<input type="checkbox"/> Nose size or shape	<input type="checkbox"/> Facial contouring
<input type="checkbox"/> Fullness of eyelashes	<input type="checkbox"/> Facial fullness/drooping	<input type="checkbox"/> Body contouring
<input type="checkbox"/> Darkness of eyelashes	<input type="checkbox"/> Mole removal	<input type="checkbox"/> Unwanted hair
<input type="checkbox"/> Chemical peel	<input type="checkbox"/> Neck wrinkles	
<input type="checkbox"/> Blotchy skin	<input type="checkbox"/> Make up	

## Select which areas of the face concern you on the diagram below.

By sharing how you see yourself, we can best evaluate your aesthetic goals and select an appropriate treatment for you.

Hair Loss and/or Thinning  
 Overall Skin Appearance and Texture  
 Nose Hump or Dip  
 Flattened Cheeks  
 Nose Tip  
 Weak Jawline  
 "Double Chin"  
 Neck & Chest Lines & Wrinkles  
 Forhead Lines  
 Frown Lines  
 Hollow Temples  
 Inadequate Lashes  
 Crow's Feet  
 Nasolabial Folds  
 Vertical Lip Lines (Smoker's Lines)  
 Oral Commisures (Corner of the Mouth)  
 Thin/Uneven Lips

Your Top 3 Areas of Concern:

Your Treatment Plan Timeline (FOR OFFICE USE ONLY)

- 1.
- 2.
- 3.