



203.533.4560
1010 Village Walk
Guilford, CT 06437
www.yolo.ws

NEW CLIENT INFORMATION FORM

Name _____ Date _____

Date of Birth: Month/day _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

We call to confirm your appointments. Please provide the best numbers to call to leave a message.

Email address: _____

How did you hear about us? TV Newspaper/Magazine Website Friend

If referred by a friend, please let us know below, as we offer discounts for referrals.

Referred By _____

Allergies: _____



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Current Medications and Prescriptions including over the counter:

Your Primary Doctor _____

Prior Experience with Medical Spa Treatments ___ Yes ___ No

If so, which treatments: _____

How do you tan?

___ Burn easily ___ First burn then tan ___ Tan, rarely burn ___ Always tan _____

Do you use sun protection? ___ Rarely ___ Sometimes ___ Always

Last unprotected exposure to sun, including tanning beds _____

I consider my skin type to be:

___ Oily ___ Dry ___ Sensitive ___ Sun Damaged ___ Combination ___ Aging

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What type of skin care products do you use?

Personal Health History Do you have a history of:

Connective tissue disorder or autoimmune disease _____ Bleeding disorder _____
Keloid scarring _____ Cold sores or herpes _____
Allergy to lidocaine (xylocaine) _____ Pacemaker/defibrillator _____
Depression _____
Current or history of Cancer _____
Accutane use within 6 months _____
Other _____

Contraindications:

Accutane taking in last 6 months

History of keloid scarring

Any abnormal or undiagnosed ? pigmented lesion should not be treated

Atypical moles or malignancy

Non-intact skin (i.e. sores, psoriasis, eczema, infection, rash) should be avoided

Recent chemical or mechanical peeling in treatment area (within 2 weeks)

Any medical condition involving impairment of skin structure, esp. Healing patterns



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Poorly controlled diabetes

Pregnancy

Precautions:

Medications that may cause photosensitivity to light

Impaired healing

History of skin cancer in the treatment area.

All the information provided herein remains confidential and your email is not disclosed but used by our staff for communication to inform you of special events and discounts.

Thank you for visiting us. We look forward to making you look and feel your best.

The Staff at YOLO.

Signature _____ **Date** _____

Witness _____



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All appointments are secured with a credit card. Any appointment not cancelled or rescheduled prior to 48 hours notice will result in a fee of 50% of the total charge. No refunds are given for services rendered. If you are dissatisfied for any reason, please notify us within 48 hours of your appointment to discuss.