



HIPPA

Privacy Information

REDBAMBOO

MEDI•SPA

The physicians and staff of **REDBAMBOO** MEDI•SPA understand the importance of discretion and privacy. Medical information collected by us is the property of **REDBAMBOO** MEDI•SPA however you have the right to inspect and receive a copy of your medical information if you desire to do so.

Federal Law requires that we inform you of the limited circumstances under which we are allowed or required by law to release your medical information to another.

1) The physicians and staff of **REDBAMBOO** MEDI•SPA may use medical information about you to provide you with treatment or services. We will not provide your medical information to your other health care providers without your consent.

2) We are allowed to disclose information about you to a third party payer in order to receive payment from them for a treatment or service you have received.

3) **REDBAMBOO** MEDI•SPA has a business relationship with an independent laboratory service that performs various laboratory tests for our patients. The laboratory service and **REDBAMBOO** MEDI•SPA are allowed to disclose to each other medical information about you in order to insure that the appropriate tests are ordered and that we have the information needed to treat you correctly.

4) We may review your medical information for the purposes of education and to find ways to improve our services to our patients. Some aspects of your information may be disclosed to other physicians, aesthetians, therapists, technicians, or other health care professionals but your indentifying information will be withheld.

5) We may contact you to remind you of an appointment and to tell you about services we provide or specials we are offering that may be of interest to you.

6) With your permission, we may provide your medical information to someone you designate as a personal contact, emergency contact, personal representative or health care surrogate.

7) We are allowed to disclose medical information about you when we are required to do so by governmental, licensing or accrediting agencies or by state or federal law or in order to prevent or lessen a serious threat to your health or safety or to the health or safety of the public. We are also allowed to disclose medical information for public health purposes such as notifying a person or a company of a defective product or notifying someone who may have been exposed to a disease. We are allowed to disclose medical information in connection with legal proceedings.

REDBAMBOO MEDI•SPA is committed to protecting the privacy of your medical records. Your signature below indicates that you have received this information.

Print Name

Signature

Date



SMARTLIPO by REDBAMBOO **MEDICAL HISTORY FORM**

#7

REDBAMBOO
Medi•Spa

Date: _____

Approx Height: _____

Approx Weight: _____

Last Name First Name M.I.

Street Address

City, State, Zip

Home Phone Number Cell Phone Number Other Phone Number

E-mail Date of Birth

How would you like us to contact you? (Circle one): Home Phone / Cell Phone / Email / Other

Emergency Contact Name Relationship Phone

Do we have your permission to release medical information to this person? **Yes / No**

Do you have a physician? **Yes / No** Physician's Name: _____

Are you ALLERGIC to: Lidocaine **Yes / No** Latex **Yes / No** Betadine **Yes / No**
Penicillin **Yes / No** Keflex **Yes / No**

Please list ALL other ALLERGIES: _____

Please list ALL of your **CURRENT MEDICATIONS**. Include over the counter medications, herbal supplements and vitamins: _____

Do you take **ASPIRIN** or any medication that contains Aspirin? **Yes / No**

Do you take Motrin, Ibuprofen, Advil, Aleve, Nuprin or any NSAIDs of any type? **Yes / No**

Are there any pain medications you have taken in the past that have worked well for you? If so, which ones? _____

Do you tend to get nauseated after taking pain medications? **Yes / No**

Have you had any cosmetic surgery procedures in the past? **Yes / No**
 Were you happy with the results? **Yes / No**
 If not, why not? _____
 Were there any complications from your surgery? _____

Have you had a liposuction procedure in the past? **Yes / No**
 What type? _____ What body area(s)? _____
 Were you happy with the results? **Yes / No**
 If not, why not? _____

Do you constantly diet? **Yes/No**
 Do you worry about the look of your body? **Yes/No**
 Does the look of your body interfere with your daily activities? **Yes/No**
 Do you frequently check your body in the mirror? **Yes/No**
 Do you frequently touch or rub parts of your body that bother you? **Yes/No**
 Have you recently gotten divorced or gone through a breakup with a partner? **Yes/No**

 Do you believe that you have a realistic expectation of your SmartLipo outcome? **Yes/No**
 Do you understand that the object of SmartLipo is improvement not perfection? **Yes/No**
 Do you understand that no cosmetic procedures can guarantee perfection? **Yes/No**
 Do you understand that you may have small scars from the SmartLipo procedure? **Yes/No**
 Do you understand that some skin irregularities may occur after a SmartLipo procedure? **Yes/No**

Do you now or have you had in the past, any of the following (circle):

- Yes / No** Heart Disease, Congestive Heart Failure, Angina, Heart Stents or Bypass Surgery
- Yes / No** Atrial Fibrillation, Tachycardia, Irregular Heart Beat
- Yes / No** Pacemaker, Defibrillator (AICD), Hernia Mesh, Lap Band, Implanted Pump
- Yes / No** High Blood Pressure
- Yes / No** Stroke, TIA, Carotid Artery Surgery
- Yes / No** Pulmonary Embolism (blood clot in lungs)
- Yes / No** Deep Venous Thrombosis (DVT), Thrombophlebitis, Blood Clots
- Yes / No** Clotting Disorder, Bleeding Problem or Hemophilia
- Yes / No** Breathing or Lung Problems (Asthma, Emphysema, COPD, Bronchitis)
- Yes / No** Diabetes
- Yes / No** Seizures or Epilepsy
- Yes / No** Hepatitis, Cirrhosis or Liver Disease
- Yes / No** Kidney Disease, Renal Failure, Dialysis, Kidney Transplant
- Yes / No** Herpes Zoster (Shingles) If so, where on your body _____
- Yes / No** Surgery in the past 12 months
- Yes / No** Arthritis, Fibromyalgia, Chronic Fatigue Syndrome
- Yes / No** Lupus, Scleroderma or other Autoimmune Diseases
- Yes / No** HIV, AIDS, Immunosuppressive Disorder, Chemotherapy, Radiation Therapy
- Yes / No** Anxiety, Panic Attacks, Depression, Post Traumatic Stress Disorder, Psychiatric Illness

Signature: _____ Date: _____

Staff use only:	
Reviewed by _____	Reviewed by _____



FINANCIAL POLICY

REDBAMBOO Medi•Spa
2516 C McMullen Booth Rd.
Clearwater, FL 33761
727-726-6100
www.RBMedispa.com

Payment Options

Thank you for choosing Red Bamboo Medi Spa. Our mission is to provide the best aesthetic services available. We understand how important it is for you to have multiple payment choices available so we are pleased to allow you to select from the following options:

Forms of Payment Accepted:

Cash

Credit Card

Visa, Mastercard, American Express, Discover

Debit Card

CARE CREDIT – Six month no interest plans are available. Interest charges apply for longer terms. Ask us for more information.

We are sorry that we are unable to accept personal checks.

Cancellation and No Show Policy

Our Physician services are in high demand and are commonly booked weeks in advance.

No Show: Patients who fail to appear for a Physician appointment will be charged \$50.

Late Cancellations: Patients who cancel a Physician appointment with less than a three (3) hour notice will be charged a \$25 Late Cancellation Fee that can be applied toward a future service.

SmartLipo Payment and Cancellation Policy

In order to reserve a date for SmartLipo, payment is required in full. At that time we reserve the SmartLipo treatment room, the SmartLipo laser, the infusion/aspiration equipment, the assistants and the Physician. There will be a fee of up to \$500 for changing or cancelling a reservation.

Please ask us if you have any questions about our Financial Policies.

Print Name: _____

Signature: _____ Date: _____



SMARTLIPO

PRE-OP PAYMENT AGREEMENT

REDBAMBOO MEDI SPA

When you ask us to schedule your surgery, we make many advanced preparations.

- 1) We reserve the operating suite, the laser, the infusion pump and the aspiration equipment
- 2) We order and pay for surgical supplies and equipment needed for your procedure including your compression garment.
- 3) We sterilize the necessary instruments and mix the medication solutions you will need.
- 4) We secure the appropriately trained technicians and assistants.
- 5) We turn away every other patient who wants surgery or other services during your surgery time.

Because of the financial and time commitments we must make, we ask that you be definite about your desire for surgery before asking us to reserve a surgery date.

The following is our payment policy:

- 1) We must receive payment **in full** before we can reserve a date for your surgery.
- 2) Cancellation or rescheduling with **less than 24 hour notice** will result in forfeiture of **all fees** including any prepaid Groupons, other coupons or discounted purchases.
- 3) For cancellations or rescheduling with more than 24 hour notice but **less than 7 day notice**, there will be a \$750 cancellation or rescheduling fee.
- 4) For cancellations or rescheduling with notice of **1 - 3 weeks**, there will be a \$250 cancellation or rescheduling fee.
- 5) If you wish to reschedule and give us **at least 3 weeks notice**, there is **no rescheduling fee**.
- 6) If you wish to cancel your procedure and give us **at least 3 weeks notice**, there is **no cancellation fee** except for Care Credit financing fees or credit card merchant fees. We will refund to you in full, the amount paid to us by Care Credit or the credit card processing company (after deduction of their merchant fees). This is commonly 3 – 6% less than the amount you financed.

Exceptions to the above policy may be made on a case-by-case basis at the discretion of the Spa Director for a documented medical or family emergency.

I understand the pre-op payment policies of Red Bamboo Medi•Spa as outlined above.

Patient Name (Print)

Signature

Date