



## Golden Glow Medical Spa

### A WARM WELCOME TO GOLDEN GLOW MEDICAL SPA!

Thank you for choosing Golden Glow Medical Spa where, “We Create Beautiful and Healthy Skin for All Ages”. Our facility and services have been custom designed with YOU in mind. **Dr. Mira Mahajan**, our spa medical director, has passionately researched and selected the latest in anti-aging treatments and skin enhancement technology. Dr. Mira is a Board Certified Family Physician with emphasis in **Cosmetic Dermatology** and **Aesthetic Medicine**. She is also a fellow of the **American Society of Laser for Medicine and Surgery**.

A most personal and in-depth skin consultation is the first step on your journey to a more youthful and healthy look. Dr. Mira and the medical spa staff are experts in listening to YOUR concerns regarding your appearance and helping you to craft a **Master Esthetics Correction Plan** using our cutting edge treatments and technologies.

Golden Glow Medical Spa is very proud to be one of the few Medical Spas in Tampa Bay with multiple **green environmental features** incorporated in the design. Please visit our website for more details for our unique green features.

All of your spa treatments at Golden Glow are provided or supervised by Dr. Mira Mahajan, herself. We value your input and suggestions. Please feel free to contact Dr. Mira anytime at (727) 683-0894.

We want to EARN your business by providing you with excellent service, competitive pricing, a satisfying experience and great results. Here's to a more beautiful and confident YOU!

Most sincerely,

Golden Glow Medical Spa Staff & Dr. Mira Mahajan

Golden Glow Medical Spa  
“We Create Healthy & Beautiful Skin For All Ages”  
150 Clearwater Largo Rd, N, #1, Largo, FL, 33770  
(727)683-0894 Fax (727)518-6511 Email:info@goldenglowmedicalspsa.com  
Visit us on www.goldenglowmedicalspsa.com



### Skin Questionnaire/Patient History

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell \_\_\_\_\_ Birth date \_\_\_\_\_ Todays Date \_\_\_\_\_  
Emergency Contact \_\_\_\_\_  
Email \_\_\_\_\_

(You will receive a monthly e-Newsletter about Spa Specials and Promotions).

How did you hear about Golden Glow Medical Spa? \_\_\_\_\_

#### Patient History

1. Have you ever taken Accutane?  YES  NO If yes, when? \_\_\_\_\_ Dosage \_\_\_\_\_ Months \_\_\_\_\_
2. Any use of tretinoin/retinols/RetinA?  YES  NO If yes, when? \_\_\_\_\_
3. Do you use birth control pills or other forms of hormone therapy?  YES  NO
4. Are you pregnant or are you attempting pregnancy?  YES  NO
5. Do you have history of shingles/cold sores?  YES  NO
6. Are you on  Valacyclovir  Zovirax  Valtrex
7. Are you breastfeeding?  YES  NO
8. Any history of Gold therapy in past  YES  NO
9. History of skin cancer?  YES  NO If yes, what type \_\_\_\_\_ Treatment taken \_\_\_\_\_
10. Are you taking any blood thinners?  YES  NO
11. Facial Implants?  YES  NO
12. History of Seizures?  YES  NO
13. Waxing Services within 7-14 Days?  YES  NO
14. Irregular, Pigmented moles, warts or growths, unidentified facial growth or mark?  YES  NO
15. Any keloids, pigmented scars, icepick scars, new scar tissue?  YES  NO
16. Pacemaker or other metal implants?  YES  NO
17. History of Rosacea, telangiectasia/couperose?  YES  NO
18. Acne  YES  NO
19. Any use of skin-lightening or bleaching agents  YES  NO If yes, what type and when? \_\_\_\_\_
20. Last exposure to the sun? \_\_\_\_\_
21. Any thyroid conditions?  YES  NO
22. Allergies to any medications/Anesthesia? \_\_\_\_\_
23. Any additional allergies (food, environmental)? \_\_\_\_\_
24. Any Medical Illness? \_\_\_\_\_  
 Diabetes  HTN  Bleeding Problems  Heart Problems
25. Are you taking any regular prescription medications? \_\_\_\_\_  
Please explain \_\_\_\_\_
26. Ethnicity \_\_\_\_\_
27. Previous Procedures (please give dates)  
 Botox \_\_\_\_\_  Fillers \_\_\_\_\_

**Golden Glow Medical Spa**  
"We Create Healthy & Beautiful Skin For All Ages"  
150 Clearwater Largo Rd, N, #1, Largo, FL, 33770  
(727)683-0894 Fax (727)518-6511 Email:info@goldenglowmedicalspsa.com  
Visit us on www.goldenglowmedicalspsa.com



- Light Peel \_\_\_\_\_  Medium Peel \_\_\_\_\_  
 Deep Peel \_\_\_\_\_  Non-ablative Lasers \_\_\_\_\_  
 Ablative Lasers \_\_\_\_\_  Surgery \_\_\_\_\_  
 Comedome Extraction \_\_\_\_\_  Deep Exfoliation \_\_\_\_\_  
 Additional Treatments \_\_\_\_\_

Number of facials in last 12 months \_\_\_\_\_

**Areas of your concern:**

- Lines and Wrinkles  Skin Elasticity  Skin Laxity  Acne Scars  
 Skin Texture  Uneven Color Tone  Skin Pigmentation and Dark Spots  Redness and Broken Capillaries  
 Skin Hydration  Skin Disorder  Mole Changes  Skin Lesion  
 Other Concerns
- 
- 

**Pharmacy:**

Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

**Current Skin Care Product used and Daily Regimen:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_



## NOTICE OF PRIVACY PRACTICES

### **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The Health Insurance Portability Accountability Act of 1996 (“HIPPA”) is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This act gives you, the patient, significant new rights to understand and control how your health information is used. “HIPPA” provides penalties for covered entities that misuse personal health information. As required by “HIPPA”, we offer this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations.

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include a physical examination.
- Payment means such activities as obtaining reimbursement for services, billing or collection activities, and utilization reviews.
- Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost management analysis, and customer services. An example would be medical review, legal services and auditing functions.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to that extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to Dr. Mira Mahajan (Privacy Officer):

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of January 1, 2011 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health and Human Services, Office of Civil Rights, above violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint. For more information about HIPPA or to file a complaint.

**Golden Glow Medical Spa**  
**“We Create Healthy & Beautiful Skin For All Ages”**  
**150 Clearwater Largo Rd, N, #1, Largo, FL, 33770**  
**(727)683-0894 Fax (727)518-6511 Email:info@goldenglowmedicalsapa.com**  
Visit us on [www.goldenglowmedicalsapa.com](http://www.goldenglowmedicalsapa.com)



## NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I acknowledge that I have received your **Notice of Privacy Practice** containing a more complete description of the uses and disclosures of my health insurance information. I understand that the office of Dr. Mira Mahajan has the right to change its **Notice of Privacy Practices from time to time**. I may contact this office at any time at the below address to obtain a current copy of the **Notice of Privacy Practice**.

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (“HIPPA”), that I have certain rights to privacy regarding the protection of my health information. I understand that this information can and will be used to:

- Conduct normal healthcare operations such as quality assessments and physician certifications.

I understand that I may request in writing that this office restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand that this office is not required to agree to my requested restrictions, but once agreed upon, this office is bound to abide by such restrictions.

Patient Name (Printed): \_\_\_\_\_

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

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

---

---

### OFFICE USE ONLY

I attempted to obtain the patient’s signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Reason: \_\_\_\_\_

**Golden Glow Medical Spa**  
“We Create Healthy & Beautiful Skin For All Ages”  
150 Clearwater Largo Rd, N, #1, Largo, FL, 33770  
(727)683-0894 Fax (727)518-6511 Email:info@goldenglowmedicalsapa.com  
Visit us on www.goldenglowmedicalsapa.com



### **Financial Policy**

Payment is due at the time services are rendered. All package prices are due in full at the time of purchase. If you break a discounted package, the value of services included will return to the regular price. For example, if a monthly special is \$700 for a package of 3 IPLs, (regular price \$1050) and you only want to use 2 treatments, the 3<sup>rd</sup> treatment cannot be used towards a different service, the value is surrendered. We accept all major credit cards, as well as Care Credit and Green Sky affordable financing options for all your needs. Regular priced services can be exchanged for services of equal value, no refunds will be given. Gift cards can only be redeemed for full priced services and cannot be combined with any other discounts. Please ask a member of the Golden Glow Team if you have any questions.

\_\_\_\_\_ I understand and accept the above financial policy.

### **Deposits Required**

The following procedures/surgeries: Fractional CO2, Deep Laser Resurfacing, Silhouette InstaLift, ThermiTight, Liposuction, and Facial fat transfer, require specific payment criteria in regards to booking and cancellations. 50 % of the quoted fee will be charged at the time of booking, and the remaining 50% will be owed at the time of procedure. The total includes fees charged by your doctor, the cost of the surgical supplies, anesthesia, and operating room reservation for the day of the procedure/surgery. Mahajan Cosmetic Center and Golden Glow Medical Spa **DO NOT** accept any type of insurance, so you will be responsible for full payment of your procedure/surgery. The fees charged for this procedure do **NOT** include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome results of your surgery. When signing the consent for your surgery/procedure, you acknowledge that you have been informed about its risk and consequences and accept responsibility for the facility decisions that were made along with the financial costs of all future treatments. If you have any questions, please ask a member of our staff.

\_\_\_\_\_ I understand that with cosmetic surgery, I am responsible for full surgical fee(s) quoted to me.

**Golden Glow Medical Spa**  
**"We Create Healthy & Beautiful Skin For All Ages"**  
**150 Clearwater Largo Rd, N, #1, Largo, FL, 33770**  
**(727)683-0894 Fax (727)518-6511 Email:info@goldenglowmedicalspsa.com**  
Visit us on [www.goldenglowmedicalspsa.com](http://www.goldenglowmedicalspsa.com)



\_\_\_\_\_ I understand when scheduling any of the above procedures/surgery a deposit of 50% must be made.

\_\_\_\_\_ I understand that there will be a non-refundable fee for booking and scheduling this procedure/surgery of **10% of total cost** of the procedure/surgery, which is a part of the overall surgical fee.

\_\_\_\_\_ Should you cancel your surgery without an approved medically acceptable reason, submitted in writing and acceptable to the practice, within **1 week** of your scheduled surgery, this fee is forfeited. While this may appear to be charged for service(s) which were not provided, this fee is necessary to reserve time in the OR, doctor's time availability and in the practice, which are done when you schedule.

\_\_\_\_\_ I understand and unconditionally and irrevocably accept the financial responsibilities as outlined above

---

Print

Sign

Date

**Golden Glow Medical Spa**  
**"We Create Healthy & Beautiful Skin For All Ages"**  
**150 Clearwater Largo Rd, N, #1, Largo, FL, 33770**  
**(727)683-0894 Fax (727)518-6511 Email:info@goldenglowmedicalspsa.com**  
Visit us on [www.goldenglowmedicalspsa.com](http://www.goldenglowmedicalspsa.com)



### **Golden Glow Medical Spa Cancellation Policy**

As of 5/14/13 Golden Glow Medical Spa will be adjusting its cancellation policy. If you are unable to make your appointment please call at least 24 hours before to cancel as a courtesy to other patients and staff. If you do not call to cancel your appointment before 24 hours or are a no call no show on the day of your appointment you will be charged a \$50 FEE for Every Appointment Missed. This courtesy enables us to compensate our employees for their time, and maintains a higher availability of our time for you as well as others. By scheduling an appointment, you are agreeing to our cancellation policy. Patients arriving more than 10 minutes late may result in a shortened appointment or a cancellation if there is not enough time to complete the procedure. If your Appointment is cancelled due to late arrival you will be charged the \$50 cancellation fee. Thank you for your understanding and compliance.

---

Print

Sign

Date

*I have read and understand the cancellation policy*

**Golden Glow Medical Spa**  
**"We Create Healthy & Beautiful Skin For All Ages"**  
**150 Clearwater Largo Rd, N, #1, Largo, FL, 33770**  
**(727)683-0894 Fax (727)518-6511 Email:info@goldenglowmedicalspsa.com**  
Visit us on [www.goldenglowmedicalspsa.com](http://www.goldenglowmedicalspsa.com)





**Authorization to Release and Disclose photographs**

This photographic release pertains to photographs taken during the following treatment:

---

I, (print name) \_\_\_\_\_, voluntarily consent to the Copyright, publication, and use of my picture and likeness by Golden Glow Medical Spa, affiliates, successors, and assignees.

By signing this form, I am allowing Golden Glow Medical Spa, affiliates, successors, and assignee to disclose photographs taken of me before, during, and after treatment.

**(Please initial either yes or no on each line)**

For research, educational information purposes:	Yes_____	No_____
For publications in a medical journal and /or textbook:	Yes_____	No_____
For general advertising, publicity, or promotional purposes:	Yes_____	No_____

I understand that the image may be seen by members of the general public. Although these photographs will be used without identifying information such as my name, I understand that it is possible that someone may recognize me.

I hereby release Golden Glow Medical spa from any claim, demand, cause, action, or proceeding of whatever nature arising out of publication and distribution of the said photographs in accordance with the terms of this release. This release also includes affiliates, successors, and assignees of Golden Glow Medical Spa. I also understand that I can revoke (or take away my permission to allow Golden Glow Medical Spa to disclose photographs of me at any time by sending a letter to Golden Glow Medical Spa Medical Director telling him or her not to disclose photographs of me to affiliates, successors, or assignees of Golden Glow Medical Spa. If I send a letter saying that I revoke my authorization, Golden Glow Medical Spa’s Medical Director will not disclose any more photographs of me after he or she receives the letter. However, the Medical Director will not need to return any photographs disclosed prior to his or her receipt of the letter.

I understand that once my photographs have been disclosed to Golden Glow Medical Spa, affiliates, successors, and assignees the photographs will no longer be protected by federal privacy laws. However, Golden Glow Medical Spa’s affiliates, successors, and assignees will not use the photographs except as permitted on this authorization form. I understand that I will be given a signed copy of this form.

I hereby release Golden Glow Medical Spa, its affiliates, successors, and assignees from any claim demand, cause, action, or proceeding of whatever nature arising out of publication and distribution of the said photographs in accordance with the terms of this authorization.

---

Print \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

**Golden Glow Medical Spa**  
**“We Create Healthy & Beautiful Skin For All Ages”**  
**150 Clearwater Largo Rd, N, #1, Largo, FL, 33770**  
**(727)683-0894 Fax (727)518-6511 Email:info@goldenglowmedicalspsa.com**  
 Visit us on [www.goldenglowmedicalspsa.com](http://www.goldenglowmedicalspsa.com)