Patient Information

Patient Name: ____
Last **First** **Middle**

Address: ____
Street & Apt. # **City** **State** **Zip Code**

Home Phone: __________________________ Cell Phone: ____________________________

Are their any restrictions with contacting you? ❑ Yes ❑ No

Email Address: ____

Referred by: ____

Sex: ❑ M ❑ F Birthday: ________________________ Age: ___________________

Marital Status: ❑ Single ❑ Married ❑ Other ____________________________

Primary Physician: _________________________________ Phone: ___________________

Patients Employer

Occupation: ____

Work Phone: _________________________________ Ext: __________________

Are their any restrictions with contacting you at work? ❑ Yes ❑ No

Emergency Contact
(Not in your household)

Name: _________________________________ Relationship to Patient: ______________________
Home Phone: __________________________ Cell Phone: __________________________

I certify the information I've provided is true and correct to the best of my knowledge. I understand that payment is due the same day the services are rendered to me. We gladly accept MasterCard, Visa, American Express, Discover, CareCredit (for those who qualify), as well as cash and checks. I understand and agree to these terms and conditions.

Patient Signature:____________________________________**Date:** _______________________

Signature of Parent or Guardian:_______________________________ **Date:** ______________
(if patient is under 18 years old)

Name:______________________________________Date:__________
Allergies:____

1. Main reason for your visit: ______________________________
   ____
2. What aesthetic treatments and procedures, if any, Have you had in the past?____

Please check the following medications and supplements that you are using:

- ☐ Accutane
- ☐ Steriods
- ☐ Glycolic Acid
- ☐ Salicytic Acid
- ☐ St. Johns Wart
- ☐ Vitamin E
- ☐ Retin-A
- ☐ Hyroqinone
- ☐ Lactic Acid
- ☐ Tetracycline
- ☐ Blood Thinners
- ☐ Other______________________

Any family history of skin Cancer? ☐ Yes ☐ No

How do you Tan?

- ☐ I- Always Burn, never tan
- ☐ II- Always burn , sometimes tan
- ☐ III- Sometimes burn, always tan
- ☐ IV- Never burn, always tan
- ☐ V- Moderately pigmented skin
- ☐ VI- Darkly pigmented skin

What is your nationality?__________________________________
How often do you use sunscreen?____________________________
How often do you use tanning beds?__________________________

Please check the following health problems you have currently or in the past:

- ☐ Smoking
- ☐ Skin cancer
- ☐ Heart condition
- ☐ Diabetes
- ☐ Drinking
- ☐ Sclerodern
- ☐ Rosacea
- ☐ Asthma
- ☐ Other Problems not listed:____________________________

Have you ever had a cold sore? ☐ Yes ☐ No How often?___________

Signature:____