

COSMETIC DERMATOLOGY INTAKE

Have you been under the care of a physician in the past year? (Yes/No) If yes, please explain:

List any medical problems you have:

List any oral medications you are currently taking:

Are you using any topical medications or exfoliating acids (glycolic or salicylic)? (Yes/No)

If yes, please explain:

Do you have any allergies to medications, food, environment, or topical? If so, please list them:

What improvements would you like to see in your skin?

When you go out in the sun, do you: (circle one)

ALWAYS BURN USUALLY BURN SOMETIMES BURN RARELY BURN NEVER BURN

Are you currently pregnant or nursing? (Yes/No)

Have you ever been treated for: (circle all that apply)

Acne/History of Accutane	Hepatitis	Cold Sores	Herpes
Keloid Scarring	Skin Cancer	HIV	

Do you wear contact lenses? (Yes/No)

Have you used any of the following topical medications in the last 3 months?

Retin-A or Vitamin A product (Differin, Renova, Tazorac, Atralin, Ziana)

Glycolic Acid

Salicylic acid

Other: _____

Have you ever used acne medications? (Yes/No) If yes, when and which one:

Do you have any metal implants such as a pacemaker, Copper IUD, or other?

If "other", please list them here:

Patient Information

First name: _____ Last name: _____ Date of Birth: _____
Address: _____ Unit: _____ City: _____ Zip Code: _____
E-mail: _____ Social Security #: _____
Primary phone (cell) #: _____ Secondary phone (other) #: _____
Gender: _____
Partnership status: _____ Occupation: _____
Primary Care Physician: _____ Phone number: _____
Referring Physician (if different): _____ Phone number: _____
Have you seen one of our doctors at a previous location, if so who? _____
Emergency contact: _____ Relationship: _____ Phone #: _____

COSMETIC FINANCIAL POLICY

Cosmetic procedures are considered elective. As such, they are not billed through insurance. 50% of the cost of each cosmetic service is due at the time of reserving your procedure. The other 50% must be paid in full at or before the time of service.

As a courtesy to our Medical Aesthetician and other patients, we enforce a No-Show and 24-Hour Cancellation Policy. If you contact our offices to cancel your appointment less than 24 hours prior to your scheduled procedure time, your 50% paid reserved service amount will not be refunded.

Signature of Patient: _____ Date: _____

Print Name of Patient: _____