Today’s Date: / / .

FOR OFFICE USE ONLY:

BD#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**New Client information**

Name: Date of Birth: / / .

Address: .

City: . State: . Zip: .

Phone: ( ) .Email: \_\_\_\_\_\_\_\_\_\_

Are you currently under the care of a Dermatologist? Y / N If YES please explain: . List **ALL** current medications including aspirin, ibuprofen, herbal remedies, blood thinners, etc: \_\_\_\_\_\_\_\_\_\_\_\_\_ . \_ \_\_\_\_D

 **Please Answer the Following Questions:**

Which concerns apply to you? (Check all that apply):

* Brown Spots (hyperpigmentation)
* White Spots (hypopigmentation)
* Visible Exposed Blood Vessels
* Hard Bumps Under Skin
* Dry Patches
* Scarring and Enlarged Pores
* Clogged Pores
* Blackheads/whiteheads
* Acne
* Excessive oiliness
* Skin Laxity
* Upper Lip Lines
* Wrinkles
* Unwanted Hair
* Rosacea (redness on face, neck, or chest)
* Spider Veins
* Stretch Marks

 Other: .

Please check the products you currently use and list the brand names if known:

**Facial Cleanser Moisturizer .**

**Toner Anti-Aging Serum .**

**Growth Factors Sunscreen .**

**Retinol Eye Cream .**

**Antioxidant   Scrub .**

Are you using any RX topical creams, lotions, or oral antibiotics for acne, skin cancer, anti-aging or hyperpigmentation?

Please List: .

Have you ever had any of the following injectables:

 Botox Juvederm Radiesse

 Restylane Bellafill Sculptra Dysport Other: .

\*If so, when was it done? .What area? .

Have you had any other cosmetic surgeries/procedures? .

When? . Were you pleased with the results? .

**Please Mark any Conditions That Apply to You**

 Allergies to medications, foods, latex, topical products or other substances

Please List: .

 Alpha Hydroxy Acid products in the last 48 hours Rashes or Athletes Foot

 Infections

 Photosensitizing medications

 Polycystic Ovaries or menstrual dysfunction

 Pregnancy/nursing

 Seizure history

 Sun exposure in last 3 weeks

 Cold sores

 Accutane in last 12 months

 Retin A, Renova, salicylic acid, alpha/beta hydroxy/glycolic products in last 2 weeks

**Please Mark any Services You Would Like to be Educated On**

 Physician Grade Skincare

 Injectables (Botox, fillers, etc.)

 Lip Augmentation

 Microneedling

 \_Coolsculpting

 Facials

\_\_\_Skin tightening

 Chemical Peels

 Laser Hair Reduction

 Laser Skin Rejuvenation

\_\_ Acne Treatments

**Thank you for taking the time to complete our Patient Intake form. With the following information we will be better able to serve you. Our goal is to provide you with excellent service and results. At future visits, please let us know if any of the previous information changes. All information and treatments are confidential.**

**Cancellation Policy**

It would be greatly appreciated if appointments need to be cancelled, rescheduled, or the appointment type changed, that it be done at least 24 hours in advance.

**Initial that you have read and agree: .**

**Children in the Office**

Due to the nature of our business as well as a safety precaution, we **are not able to accommodate children in the office**.

**Initial that you have read and agree: .**

I understand that the results are not guaranteed. There are many variables that are beyond our control that affect the procedure outcomes, especially individual expectations. We maintain our equipment and continue staff education and training regarding technique. There are times when the human body does not respond as well as we would like. Lifestyle choices, diet, exercise, hydration, prior skin damage, sun exposure and many other factors affect the final results. All of our patients are unique and have unique needs and expectations. Please discuss your treatment expectations with us prior to your treatment.

**Initial that you have read and agree: .**

For the purpose of documentation, I also consent to “before and after photographs” which may .or may not .be used in advertising.

**Initial that you have read and agree: .**

Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_