

Physician Skin Solutions Patient Intake Form



Date

First Name: Middle Initial: Last Name: Nickname:

Street Address: Apt /Ste# City: State: Zip:

Primary Contact #: Number: Second Phone # Number:

Email: How did you hear about us?

Other: Friend:

Cosmetic Procedure History

Please select treatments you have had in the past

Injectables and Threads

Laser Treatments

Aesthetic Treatments

Body Treatments

Please select Cosmetic Surgery you have had in the past

Surgery

Date

Describe any adverse events or negative results

Other Procedure

Date

Comments:

Are you Interested in a specific treatment or procedure No Yes

Are you planning for an event or have a limited time-frame? No Yes

Comments:

Select the ones that apply to you

 Look less tired <input type="checkbox"/>	 Look less saggy <input type="checkbox"/>	 Look more attractive <input type="checkbox"/>	 Look slimmer <input type="checkbox"/>
 Look less sad <input type="checkbox"/>	 Look less angry <input type="checkbox"/>	 Look younger <input type="checkbox"/>	 Look more feminine <hr/> Look more masculine <input type="checkbox"/>

Indicate the areas of concern for you



Forehead and Frown Lines



Crow's Feet Lines



Flattened/Sunken Cheeks



Lines around lips



Undereye circles or bags



Lines and wrinkles around nose and mouth



Jowls/Loss of definition



Aging Neck



Thin Lips



Double Chin



Scarring and Texture



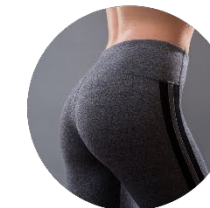
Sun damage and skin appearance



Aging Hands



Fat Loss



Muscle Toning

PATIENT INTAKE FORM

Patient Medical History

- | | |
|--|---|
| Diabetes
Herpes or Cold Sores
Active Implants: i.e.pacemaker
Metallic Implants
Hemorrhagic or bleeding disorders
Pregnant or Lactating
Migraines
Anxiety/Depression
Neuropathy
Recent Dental Work | Neuromuscular Disorder/Bell's Palsy
Hernia:
Epilepsy/Seizures
Autoimmune Disease
High Blood Pressure
Heart Disease
Liver Disease
Immune Compromised/HIV
IUD/Mesh Implants
Iodine/Latex Allergy |
|--|---|

List any chronic illnesses:

List any Drug Allergies:

Other Allergies we should be aware of:

Current Topical Creams and Ointments:

List all **medications and/or supplements** below. Be sure to include all prescription and non-prescription medications. If you are not taking any medications or supplements. Please Initial here: _____

Medication	Disease/Reason	Dose	Frequency	Date Started	Date last Taken

Are you currently taking any of the following?

- | | |
|--------------------------------------|---------------------------------------|
| Anticoagulants or antiplatelet drugs | Accutane within the last 12 months No |
| Immunosuppressant | Anti-Inflammatories/NSAIDS |

Ethnicity/Ethnic Background: _____ (Important for Laser Treatments)

Health

Weight

Alcohol Usage

Smoking

Quit:

Total Years Smoking:

Sun Exposure

Sun Screen

Patient Expectations

Please indicate your understanding to the following:

Cosmetic/aesthetic procedures are elective and are not meant to replace or substitute for surgical results. *Pt Initials*

We recommend a consultation so we can provide a comprehensive plan to meet your goals. *Pt Initials*

Aesthetic procedures are elective, and no guarantees or promises can be made for results. Therefore, we have a no refund policy. *Pt Initials*

We often provide a multi-phased plan to meet goals and that if the entire recommended plan is not completed, then expectations should be re-evaluated. *Pt Initials*

Pre-paid packages are non-refundable. Unused portions of pre-paid packages are eligible for an in-clinic credit within a year of the purchase date. *Pt Initials*

If the entire recommended plan is not completed, and your are dissatisfied with the results of the portion of the plan you chose to proceed with, any follow ups to address expectations not met will be at charge of \$100.00.* *Pt Initials*

Botox touch ups/enhancements cannot be done prior to seven days after treatment. *Pt Initials*

Filler touch ups or dissolving must wait a minimum of two weeks after initial injection. This allows time for the products to settle and swelling to subside. *Pt Initials*

Rewards Programs

Are you enrolled or do you wish to be enrolled in the loyalty rewards program from Allergan?

The Allergan family includes Botox, Juvederm, Voluma, Volbella, Coolsculpting, Cooltone, Latisse and Skin Medica . With their rewards program you earn points for purchasing any of their products. The points earn you coupons that can be applied to future treatments or purchases of Allergan products. For example, 200 points earns you \$20 dollars. You must have an e-mail address to enroll.

I am enrolled Yes, Please enroll me No, I do not wish to be enrolled at this time

Member Id:

Are you enrolled or do you wish to be enrolled in Galderma's loyalty **Aspire Program**? Galderma is the maker of Dysport, Restylane and Sculptra products. With Aspire you earn points for joining and for purchasing their products. The points earn you coupons that can be applied to future treatments or purchases of Galderma products.

I am enrolled Yes, Please enroll me No, I do not wish to be enrolled at this time.

Patient Signature:

Date:

* Applicable for patients having consultations where a phased plan is developed to meet concerns