



Patient Information

Name _____ DOB _____

Address _____

Phone _____ Text Reminders (circle): YES NO

Email _____ Referral Source _____

Reason for visit _____

Skin Type

Circle all that apply

- | | | | | |
|----------------------------|----------------|---------------|-------------|----------------|
| Your skin is? | Oily | Dry | Combination | |
| How do you tan? | Burn | Burn then tan | Usually tan | |
| Skin pigmentation? | Even | Uneven | Birthmarks | Pregnancy Mask |
| Broken capillaries? | Nose | Cheeks | Chin | Forehead |
| You have: | Pimples | Blackheads | Flakiness | Whiteheads |
| | Enlarged Pores | | Acne Scars | |

You would like to improve:

- | | | |
|----------------------------------|------------------|----------------------|
| Fine Lines | Worry Lines | Marionette Lines |
| Facial Scars | Moles | Large Pores |
| Acne Scars | Deep Smile Lines | Sun Damage |
| Frown Lines | Crow's Feet | Color Irregularities |
| Overall Skin Tone Lip Shape/Size | | |

Skincare products you currently use: _____

Personal Health History

Medication Allergies _____

Current Medications: _____

Circle all that apply

You have:

- | | |
|---------------------------------|---------------------------|
| Liver Disease/Disorder | Compromised Immune System |
| Cardiovascular Disease/Disorder | History of Cold Sores |
| Lymphatic Disease/Disorder | Skin Lesions/Sores |
| Thyroid Gland Disorder | Photosensitivity |
| Cancer (active within 1 yr.) | Accutane (6 mo.) |
| Uncontrolled Hypertension | Hypertrophic Scarring |

Females only:

- | | |
|----------------------|----------------------------|
| Regular Periods | Experienced Pregnancy Mask |
| Taking birth Control | Pregnant |
| Menopause | Breastfeeding |
| Taking Estrogen | |

Acknowledgements

Initial for consent

- _____I consent to taking before/after photos that will be used to track my progress
- _____I consent to letting my before/after photos be used on all social media platforms
- _____I understand there are no guarantees to the results of my treatments. I understand to achieve the maximum results, I may require several treatments.
- _____To achieve optimal results, it is recommended I follow the prescribed skincare regimen and avoid sun exposure without recommended sunscreen.
- _____I understand it is my personal responsibility to inform the clinic of any changes to my medical history during the course of my treatment sessions.
- _____I am fully aware that my condition is of a cosmetic concern and the decision to proceed is based solely on my expressed desire to do so.
- _____I understand the privacy and security standards used to protect the confidentiality of my health information (HEPPA). If not, I can request a copy at the front.

I HAVE READ THIS FORM ENTIRELY AND HAVE COMPLETED IT FULLY AND ACCURATELY TO THE BEST OF MY KNOWLEDGE.

Date this form was completed: _____

Patient Signature: _____