



Name _____ Today's Date ____/____/____

Address: _____ City: _____ State: _____ ZIP: _____

Home:() _____ Cell:() _____ Work:() _____ Preferred? Home Cell Work

Primary Care Physician/Phone _____ Preferred Pharmacy Phone # _____

Birth date ____/____/____ E-mail _____

Email me info about specials and events
 Email me appointment reminders
 Please do not email me

How did you hear about us? _____

Please tell us your main concerns that brought you to our office today: _____

MEDICAL HISTORY: This information is necessary for your procedure. Please answer the following questions:

- Are you using any prescribed medications? No Yes, List: _____
- Do you take oral anti-coagulant (blood thinning) meds? No Yes, List: _____
- Are you using any Herbal medications? No Yes, List: _____
- Do you have ALLERGIES to any cosmetic ingredients, medications or foods? No Yes, List: _____
- Are you pregnant or trying to become pregnant? No Yes
- Are you breastfeeding currently? No Yes
- Do you use oral contraceptives? No Yes
- Do you use hormone replacement therapy? No Yes
- Do you smoke? No Yes, How much? _____ How long? _____
- Do you use tanning beds? No Yes, How Often? _____ Last tan? _____
- Do you have any tattoos or permanent makeup? No Yes, List: _____
- Have you ever used Gold Therapy? No Yes

Notes: _____

Please check any health problems, past or present:

- Seizures/Epilepsy Heart problems PCOS Thyroid Hepatitis High Blood Pressure
- Hormonal Problems Cancer Asthma Autoimmune: (lupus, scleroderma)
- Vasovagal Syncope Sarcoidosis Diabetes(HbA1C____) Skin cancer (Type: _____)
- Other: _____

Do you have any of the following chronic skin disorders (Check all that apply)?

- Psoriasis Dermatitis Eczema Vitiligo Melasma Herpes Simplex/Blisters
- Keloid Scarring Fever Blisters Cystic Acne Cold Sores Other: _____

In addition to the above, please tell us which skin conditions concern you the most (Check all that apply):

- Acne Scarring Sun Damage Unwanted Hair Brown spots (Hyperpigmentation)
- Pimples Sun Spots Clogged pores Uneven skin tone Visible exposed blood vessels
- Wrinkles Dry patches Enlarged pores Excessive oiliness White spots (Hypopigmentation)
- Blackheads Whiteheads Upper lip lines Hard bumps under skin
- Other: _____

