Let's Get Started!

What is the main reason for your visit today?

Personal Health #
Patient's Name
Date of Birth
Home Address
City / Postal Code
Phone (cell)
Phone (home)
Email address

How would you like to be contacted by us? (please circle one) ***CELL*** ***HOME PHONE*** ***EMAIL***

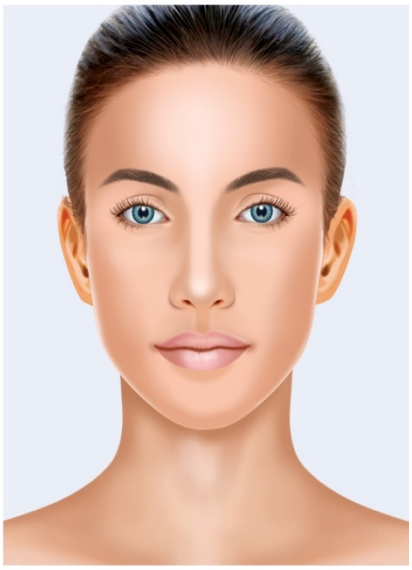
Have you had a consultation or treatment for a cosmetic procedure before?

☐ ***Yes*** ☐ ***No***

How often do you think about wanting a cosmetic procedure?

☐ ***Most days*** ☐ ***Weekly*** ☐ ***Monthly***
☐

Please circle the area(s) of your interest



How would you rate the quality of your skin? (please circle the appropriate answer)

Poor ***Fair*** ***Good*** ***Very Good*** ***Excellent***

If you could enhance an aspect of your skin, what would you enhance? (please circle the appropriate answer)

Hydration ***Elasticity*** ***Smoothness*** ***Color***

These treatments/products interest me: (please circle the treatment areas(s) that interest you)

SKIN ENHANCEMENT	FACIAL IMPROVEMENT	OTHER
Skin injectables	Facial fillers	Laser hair removal
Skin products	Wrinkle relaxers	Scar revision
Laser treatment	Face lifting	
Peeling	Eyelid correction	
Microdermabrasion	Brow correction	
Facial		
Skin tightening		

List all current medications (include aspirin, ibuprofen, birth control, laxatives, etc.)

_____

_____

_____

_____

List all drug allergies

_____

_____

_____

_____

Do you have a history of:

Anticoagulant therapy or bleeding tendency	*Yes*	*No*
Epilepsy, strokes or fainting	*Yes*	*No*
Diabetes	*Yes*	*No*
High Blood Pressure	*Yes*	*No*
Infectious Disease (Herpes, Cold Sores, Hepatitis, HIV, etc.)	*Yes*	*No*
Are you pregnant or breast feeding	*Yes*	*No*
Do you plan to become pregnant in the next 2 years	*Yes*	*No*
Have you taken ***Accutane*** *in the last 6 months*	*Yes*	*No*

To determine skin type, check one of the following:

	TYPE	COLOUR	REACTION TO FIRST SUN EXPOSURE YEARLY
_____	*I*	*White*	*Always burns / never tans*
_____	*II*	*White*	*Usually burns/ tans with difficulty*
_____	*III*	*White/Asian*	*Sometimes mild burn / average tan*
_____	*IV*	*Moderate brown*	*Rarely burns / tans with ease*

_____	*V*	*Dark Brown*	*Very rarely burns / tans very easily*
_____	*VI*	*Black*	*Never burns*

Emergency Contact _____ *Relationship* _____

Phone Number for Emergency Contact _____ *Family Physician* _____

How did you hear about us?

My doctor *Search Engine* *Advertisements/periodical*
Social media platform *A friend or family member* *Other*

Would you like to receive our monthly electronic Newsletter? *Yes* *No*

Signature