

## Patient Registration Information

Please print, sign and date all Highlighted areas upon completion. Should you have questions, or need assistance completing the following documents, a member of our staff is available to assist you.

Name:			
First:	Last Name:		M.I.
Nickname	_ Date of Birth://///	, Age: Sex	K: M F
Home Address:	City:	State:	Zip:
Home Phone: ()	Cell Phone: ()	Other: (	)
Occupation/ Place of Employm	nent:Email	Address:	
Name of Parent or Guardian (	if patient is a minor):		
Pharmacy Name & Phone Nun	nber:		
How did you hear about us/Re	eferred by?		

## Please circle any items bellows that you have any concerns about

•	•		
Cellulite on	Dark Spots on	Scarring	
Leg/Buttock	Face/Neck/Arm	Scaring	
Stretch marks	Abnormal Nail	Skin Togo	
SUEICH Marks	Appearance	Skin Tags	
Wrinkles/Fine	Leg Veins	Unwanted Hair	
Lines	Leg venis	Unwanted Hair	
Excess Fat Around	Warts	Drymaga	
Midsection	vv at ts	Dryness	
Bossoo	Aona	Other:	
Rosacea	Acne		

**General Consent to Treat:** I request treatment from SKIN 101 Medical Spa and authorize the facility and provide care. I request and consent to medical care and diagnostic procedures that SKIN 101 Medical Spa determine necessary. I authorize SKIN 101 Medical Spa's employees to retain or dispose of any specimen or tissue taken from the above named patient. **Patient Initial:**\_\_\_\_\_

**Payment Information Office Policy:** Payment is expected at time of visit for any deductible, co-payments, unpaid insurance balance and any cosmetic procedures or skin care products. We appreciate your cooperation in settling your account at each office visit. If your insurance plan is responsible for payment, please present your current insurance card to our reception desk. A \$20.00 fee will be charged for each insufficient funds check returned. **Patient Initial:**\_\_\_\_\_

**<u>Cancellation Policy</u>:** SKIN 101 Medical Spa requires a 24 hour notice for cancellations and/or changes to your appointment. If this notice is not given a \$50 fee will be added to your account and will be collected before future appointments can be made. **Patient Initial:**\_\_\_\_\_\_



## I. Medical/Surgical History:

Do you have now or have you ever had:

Hypertension (high blood pressure) Diabetes (high blood sugar) Thyroid (hypo or hyper) Asthma Tuberculosis Hay fever/Seasonal Allergies Seizures Stroke Or Mini-Stroke Heart Attack/Angina Pacemaker Heart Murmur/Palpitations Kidney/Bladder Problems Prostate Problems Glaucoma Hepatitis/Liver Disease Recurrent Yeast Infections Bowel Disease/Colitis/Crohn's Frequent/Sever Headaches Cancer
Artificial Joint or Heart Valve Past Surgery

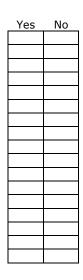
If YES to any above, please explain:

Yes	No

### IV. Dermatologic History:

Do you have now or have you ever had

Keloids/Abnormal Scaring Poor Wound Healing Accutane Use (past or present) Skin Pigmentation Problems Reaction To Local Anesthetics Cold Sores/Herpes Infections Eczema Psoriasis Abnormal ("Dysplastic") Moles Precancerous Spots Skin Cancer – Melanoma Skin Cancer – Basal Cell Skin Cancer – Squamous Cell Abnormal Cold Sensitivity Abnormal Sun Sensitivity **Cosmetic Surgery** Rosacea If 'Yes' to any above, please explain:



#### V. Allergies: □ YES □NO

Are you sensitive / allergic to any oral medications? Including: Papaya, Almond, Pumpkin, Latex, Sulfa, Benzoyl Peroxide. Please List:

II. Current Health:		
		No
Do you smoke?		
How much?		
Do you drink alcohol?		
How much?		
Do you use drugs?		
How much?		

## III. Medications

List all medications you are taking, including

any over-the-counter herbals or vitamins:

VI. Family History Do you have a family history of:

Allergies/Asthma Skin Cancer – Melanoma Abnormal ("Dysplastic") Moles Skin Cancer – Basal/Squamous Cell Other Skin Disorder

# Yes No

## VII. Females

Excess Facial/Body Hair **Regular Menstrual Periods** Are you pregnant or nursing? Yes No

Provider initial \_\_\_\_\_ Date\_\_\_\_



Score	Ç	uestions	0	1	2	3	4
	What is	your eye color?	Light blue or Light green	Blue, Hazel Green	Blue	Brown	Dark Brown
		s your natural air color?	Sandy red	Blonde	Chestnut, Dark blonde	Dark brown	Black
		is the color of in (unexposed)	Reddish	Very fair	Fair/beige w/ olive tint	Light brown Olive	Dark brown
		1 have freckles exposed areas?	Many	Several	Few	Incident	al None
		happens when y in the sun too long?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns sometimes with peeling	Rarely burn	Never burn
		t degree do you rn brown?	Hardly or not at all	Light tan color	Reasonable tan	Tan ver easily	y Turn dark brown quickly
	after se	ou turn brown everal hours in the sun?	Never	Seldom	Sometimes	Often	Always
	How does your face respond to the sun?	Very sensitive	Sensitive	Normal	Very resistan	Never had a problem	
	expose sun, ta	n did you last your skin to the unning bed, or nning creams?	More than 3 months ago	2-3 months ago	1-2 months ago	Less that one mon ago	
	Do you	expose the area ated to the sun?	Never	Hardly ever	Sometimes	Often	Always
Score:	SI	kin Type:	0-7 I	8-16 II	17-25 III	26-30 IV	>30 V and VI
Ra	ce:	American Indian or Alask Native	a Asian	Black or Af America	n Hawa other	iian or	White

Ethnicity: \_\_\_\_\_\_Client DOB: \_\_\_\_\_