



**Please Print**

Today's Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Mobile ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Race \_\_\_\_\_ Please Circle: Male or Female

**SPOUSE/EMERGENCY CONTACT INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Mobile Phone ( ) \_\_\_\_\_

How did you hear about us?  Friend  Mailer  Walk-by  Yellow Pages  Gift Certificate

Internet  Physician ( Who ) \_\_\_\_\_  Ad ( Where ) \_\_\_\_\_

**The following information is necessary to evaluate and meet your individual needs. All information is confidential.**

**Are you interested in:**

- Products  Services  Laser Hair Reduction  Botox  Fillers (Juvederm, Restylane, etc.)
- Pigmentation (brown spots or patches)  Rosacea or Vascular (broken capillaries)  Surgical or Acne Scarring
- Acne Treatment  Treating Fine Lines & wrinkles

What two specific changes would you like to see with your skin?

**Have you ever had any of the following?**

Cosmetic / Reconstructive Surgery	Yes	No	Laser resurfacing	Yes	No
Laser hair removal	Yes	No	Chemical Peels	Yes	No
Botox	Yes	No	Fillers (Restylane, Juvederm, Sculptra)	Yes	No
Implants (Chin, Cheek, etc.)	Yes	No	Metal Prosthetics (Knee plates, etc.)	Yes	No
Pace maker	Yes	No			