Timeless
LASER & SKIN CARE

PATIENT IN-TAKE FORM

Name: _____ **Date:** _____

How did you hear about us? (Whom may we thank for your referral?) _____
E-mail Address at which we may contact you: _____
Birth date: _____ **Occupation**: _____ **Employer:** _____
Home Address: Street: _____ **City:** _____
State: _____ **Zip:**_____ **Preferred Phone for Us to Contact You:** _____
Emergency Contact Name:_____ **Phone**: _____

Dermatologist Name: _____ **Phone**:_____
Where did your ancestors come from? _____ **Family History of Rosacea:** ☐ **Y / N** ☐

Height: _____'_____" **Weight:** _____**#** Recent weight loss Y/N or weight gain ☐Y/N☐If so, how much? _____
Past Medical History: Have you had any problems with: **Skin:** ☐Y / N☐ **Easy Bruising:** ☐Y / N☐ **Blood Clots** ☐Y / N☐
Excessive Bleeding: ☐Y / N☐ **Heart / Lungs:** ☐Y / N☐ **Stomach / Intestines:** ☐Y / N☐ **Cancer:** ☐Y / N☐
Joints: ☐Y / N☐ **Liver / Kidneys:** ☐Y / N☐ **Diabetes:** ☐Y / N☐ **Thyroid:** ☐Y / N☐ **Depression/Anxiety:** ☐Y / N☐
If you answered yes to any of the above OR have any other medical problems, please describe here: _____
_____

What surgeries have you had: _____
Have you ever had a complication from surgery?_____
Medications you are taking: _____
Are you taking aspirin, aspirin-containing medications, Ibuprofen, vitamin E, krill oil, fish oil, flaxseed oil, omega-3, gingko, ginseng, garlic supplement, glucosamine, or green tea supplement? _____
Allergies to medications or latex: _____
Hormonal: Do/did you naturally have regular monthly periods? ☐Y / N☐ Date of last period: _____
Birth Control Method:_____ Infertility? _____ Hormone replacement? ☐Y / N☐
Social: circle one: Married / Single / Divorced / Widowed / Committed Relationship If widowed or divorced, date : _____
Children: #Boys:____/Ages_____ #Girls:____/Ages_____
Skin Care Brands Used: Cleanser: _____ Retinoid: _____ Moisturizer:_____
Exfoliant: _____ Sunscreen: _____ Eye Cream:_____ Serum (Vit. C/E):_____
Cosmetics Used: _____

Cosmetic History:
Have you had Botox? _____ Date last injection _____ What clinic? _____
Have you had fillers? _____ Date last injection _____ What clinic? _____
Have you had previous laser treatments? _____ When? _____ Clinic? _____ Why? _____
Have you had Chemical Peels? _____ Last treatment _____ Have you had Microdermabrasion? _____ Last treatment _____
Do you get cold sores? _____ When was your last outbreak? _____ What treatment do you use? _____
Do you have a history of implants/surgeries/scars in the treatment area? _____
Have you used Accutane in the last month? _____ Have you used Hydroquinone in the last month? _____

Lifestyle:
How many peeling sunburns have you had in your life? _____
Do you wear sunscreen on your face, neck, and chest every day? _____
Do you smoke? Y / N #Packs/d ___ #Years ____ Have you ever smoked? Y / N #Packs/d ___ #Years ____ When quit? _____ _____pkyrs
How much alcohol do you drink per week? _____ What type? _____
How much exercise do you get? _____hrs/day x _____days/wk What type? _____
Would you say you have a lot of stress in your____ job ____ family ____ finances? What type of regular relaxation do you get? _____ How often? _____
Do you drink ☐ cow ☐ soy ☐ almond milk? How much per day? _____
How much do you drink per day of _____ Water _____ Coffee (caf / decaf) _____ Tea (black / green) _____ Diet beverage?
How many servings per day of _____ Fruits _____ Vegetables?

How many servings per day do you eat of whole grains (rice, quinoa, oatmeal, whole-grain bread/cereal) _____?
How many servings per day do you eat of refined flours or sugars (sweets, bakery, white bread) _____?
How many times per week do you eat of _____frozen meals _____ fast food _____ trans fats _____ fried foods?

Skin type:

Please check the one that best applies (throughout your life)

- ☐ I Always burn, never tan (Pale white)
- ☐ II Always burn, sometimes tan (Fair)
- ☐ III Sometimes burn, always tan (Medium white)
- ☐ IV Never burn, always tan (Light Brown)
- ☐ V Moderately pigmented (Brown)
- ☐ VI Black Skin

Cosmetic Interest Questionnaire

General appearance concerns, treatments or products of interest to you (please check all that apply).

☐ Dry Skin ☐ Brown spots on face, hands, arms, or red/brown blotchiness on neck or chest (circle) ☐ Rosacea ☐ Red or blue face veins ☐ Veins under Eyes ☐ Facial redness ☐ Red leg veins ☐ Blue/purple spider leg veins ☐ Deep blue-green leg veins (do not bulge) ☐ Cherry angiomas on face +/or body (circle) ☐ Skin tags ☐ Sebaceous hyperplasia ☐ _____	☐ Loose, sagging, crêpy skin on face, neck, arms, or abdomen (circle which) ☐ Double Chin/ "Turkey Waddle" ☐ Loss of jaw line ☐ Large pores/Fine lines ☐ Uneven skin texture ☐ Dull Skin ☐ Oily skin ☐ Black- or White-heads ☐ Pimples ☐ Cystic acne ☐ Acne scars ☐ Red surgical scar ☐ Wrinkled skin ☐ Crêpy skin around eyes ☐ Deep creases around mouth	BOTOX or XEOMIN ☐ Frown line ☐ Forehead lines ☐ Crow's feet ☐ Mini brow lift ☐ Bunny lines FILLER for Creases: ☐ Naso-labial folds ☐ Marionette lines ☐ Fine lip lines ☐ Parentheses lines ☐ bracketing mouth ☐ Ear lobe creases FILLER for Volume: ☐ Thin lips ☐ Flat cheeks ☐ Pre-jowl indentation ☐ Sculpt nose ☐ Backs of hands ☐ _____	☐ Skin care products ☐ Skin care advice ☐ Nutrition for skin wellness ☐ Eyelash length, fullness, or thickness ☐ Eyebrow fullness ☐ Tinting of lashes, brows ☐ Chemical peels ☐ Medicated Facials ☐ Waxing ☐ Dermaplaning ☐ _____

Privacy Statement

I, _____, have had full opportunity to read and consider the office's Notice of Privacy Practices. I understand that, by signing this consent form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities, and health care operations. I am aware that I may have a copy of the office's Notice of Privacy Practices.

Signature: _____Date:_____

CANCELLATION POLICY

Timeless Laser & Skin Care has a 24-hour cancellation policy. Missed appointments not cancelled or rescheduled at least 24 hours in advance will result in a $50.00 cancellation fee.