PATIENT IN-TAKE FORM

Name: _____ **Date:** _____

E-mail Address: _____ **Birth date**: _____

Home Address: Street: _____ **City:** _____

State: _____ **Zip:** _____ **Preferred Phone:** _____

Emergency Contact Name: _____ **Phone**: _____

Occupation: _____ **Employer:** _____

Dermatologist Name: _____ **Phone**: _____

How did you hear about us? _____

Where did your ancestors come from? _____ Family **History of Rosacea? ☐Y ☐N**

MEDICAL HISTORY:

Height: _____'_____" **Weight:** _____# Recent weight gain ☐**Y** ☐**N;** Recent weight loss ☐**Y** ☐**N;** if **YES**, how much? _____

Have you had problems with: **Skin** ☐**Y** ☐**N; Easy Bruising** ☐**Y** ☐**N; Blood Clots** ☐**Y** ☐**N; Hemorrhage** ☐**Y** ☐**N; Thyroid** ☐**Y** ☐**N;**

Diabetes ☐**Y** ☐**N; Heart/Lungs** ☐**Y** ☐**N; Stomach/Intestines** ☐**Y** ☐**N; Cancer** ☐**Y** ☐**N; Joints** ☐**Y** ☐**N; Liver/Kidneys** ☐**Y** ☐**N;**

Depression/Anxiety☐**Y** ☐**N; Neurology** ☐**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: _____

Please circle if you are taking any of the following medications that cause bruising: blood thinners, Ibuprofen, aspirin, aspirin-containing medications, vitamin E, krill oil, fish oil, flaxseed oil, omega-3, gingko, ginseng, garlic supplement, glucosamine, or green tea supplements.

Allergies to Medications or Latex or Shell Fish: _____

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_____

LIFESTYLE:

Current smoker? ☐**Y** ☐**N** #Packs/day___ #Years____ Past smoker? ☐**Y** ☐**N** When quit? _____#Packs/day_____ #Years_____ _____ pk/yrs

How much alcohol do you drink per week? _____ What type? _____

How much exercise do you get? _____ days/wk x _____ hrs/day 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? _____ Other source of Calcium? _____

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 of whole grains (rice, quinoa) do you eat per day_____?

How many servings per day do you eat of refined flours or sugars (bread, pasta, cereal, bakery, sweets) _____?

How many times per week do you eat _____frozen meals _____ fast food _____ trans fats _____ fried foods?

COSMETIC HISTORY:

Have you had Botox? ☐ **Y** ☐ **N**; Date last injection _____ Which clinic?_____
Have you had fillers? ☐ **Y** ☐ **N;** Date last injection _____ Which clinic? _____
Have you had previous laser treatments?☐ **Y** ☐ **N;** When? _____ Clinic? _____ Why?_____
Have you had Chemical Peels? ☐ **Y** ☐ **N**; Last treatment _____ Have you had Microdermabrasion? ☐ **Y** ☐ **N;** Last treatment _____
Do you get cold sores? ☐ **Y** ☐ **N**. 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 6 months? ☐ **Y** ☐ **N** Have you used Hydroquinone in the last month? ☐ **Y** ☐ **N**

Skin Care Brands Used: Cleanser: _____Retinoid: _____ Moisturizer:_____
Exfoliant: _____ Sunscreen: _____ Eye Cream:_____ Serum (Vit. C/E):_____
Cosmetics Used: _____

SKIN TYPE:

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

- ☐ Always burn, never tan (Pale white Caucasian)
- ☐ Always burn, sometimes tan (Fair Caucasian)
- ☐ Sometimes burn, always tan (Medium-dark Caucasian – Eastern European/Mediterranean)
- ☐ Never burn, always tan (Brown Skin – Middle Eastern/Asian/some Latino)
- ☐ Moderately pigmented (Dark Brown Skin – African-American/some Latino/Pacific Island)
- ☐ Black Skin (African)

How many peeling sunburns have you had in your life? _____
Do you wear sunscreen on your face, neck, and chest **every day**? ☐**Y** ☐**N**

COSMETIC INTEREST: General appearance concerns, treatments or products of interest to you (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 ___ Other:_____	___ 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 ___ Other:_____	___ 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 ___ Other:_____

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 48-hour cancellation policy. Missed appointments not cancelled or rescheduled at least 48 hours in advance will result in a $75.00 cancellation fee.*