efc medspa

PATIENT INTAKE FORM

Name: _____ **Date of Birth:** _____ **Sex:** _____

Email (Please Print) _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell:** _____ **Work Phone:** _____

Emergency Contact: _____ **Phone Number:** _____

May we send text/email reminders: □Yes □No **May we send text/emails for specials/events:** □Yes □No

How did you hear about us? (Please check all that apply.)
Relative _____ **Web Search** _____ **Google** _____ **Yelp** _____ **Facebook** _____ **Instagram** _____

Did a current patient refer you? Tell us their name and we will give you and them $25 EFC dollars:

_____

SKIN CARE/What is your daily skin care regimen? _____

Which of the following best describes your skin type?

□Very oily skin, large pores □Oily skin □Combination skin, oily in T-zone, dry to normal cheeks
□Dry skin □Sensitive skin

SUN HISTORY & LIFESTYLE

How often do you work outdoors?	□Frequently	□Occasionally	□Very Rarely
How often do you use a sunscreen?	□Frequently	□Occasionally	□Very Rarely
How often do you use tanning beds?	□Frequently	□Occasionally	□Very Rarely

PREVIOUS PROCEDURES

Which of the following have you had in the past?

□**Botox**	□**Electrolysis**	□**Cellulite/Circumference Reduction**
□**Fillers**	□**Waxing/Threading**	□**Tattoo Removal**
□**Microdermabrasion**	□**Laser Hair Removal**	□**Chemical Peels**
□**Skin Tightening**	□**Skin Resurfacing**	□**Skin Rejuvenation**

INTERESTS

What would you like to learn more about?

□ **Fine lines/Wrinkles**	□ **Acne/Acne Scar Reduction**	□ **Laser Hair Removal**
□ **Volume Loss/Deep Lines**	□ **Spider Vein Reduction**	□ **Pigmented Lesions**
□ **Crow's Feet**	□ **Flushing of the Skin**	□ **Stretch Marks**
□ **Chemical Peels**	□ **Large Pores**	□ **Skin Care**
□ **Age Spots/Sun Damage**	□ **Skin Texture/Scars**	

Reviewed By: _____ **Date:** _____