



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 \$15 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: \_\_\_\_\_