

Patient Name: _____
 Phone Number: _____

Medical Aesthetic Intake Form

1. What are your skin concerns? Please check off all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Droopy Eyelids | <input type="checkbox"/> Angry look | <input type="checkbox"/> Uneven skin tone |
| <input type="checkbox"/> Puffiness around eyes | <input type="checkbox"/> Fine lines/wrinkles | <input type="checkbox"/> Volume loss |
| <input type="checkbox"/> Looking tired | <input type="checkbox"/> Deep lines/wrinkles | <input type="checkbox"/> Jowls (saggy skin) |
| <input type="checkbox"/> Skin tightening | <input type="checkbox"/> Cellulite reduction | <input type="checkbox"/> Other: |

2. Please list prior cosmetic procedure you have had done and when your last treatment was?

Neurotoxin (Botox, Xeomin, Dysport)	Last Treatment Date:
Fillers	Last Treatment Date:
Cosmetic Surgery	Last Treatment Date:
Laser Treatment	Last Treatment Date:
Other	Last Treatment Date:

3. Please check all that apply.

<input type="checkbox"/> Which skin products are you currently using, if any? _____	<input type="checkbox"/> Which prescription medications are you using for your skin, if any? _____	
<input type="checkbox"/> Do you wear sunscreen daily, and if so which brand? _____	<input type="checkbox"/> For female patients: Are you pregnant?	<input type="checkbox"/> Are you breastfeeding?
<input type="checkbox"/> Do you have problems with anesthesia?	<input type="checkbox"/> Do you have problems with bleeding?	
<input type="checkbox"/> Do you have problems with scarring?	<input type="checkbox"/> Do you have a pacemaker or defibrillator?	
<input type="checkbox"/> Have you ever had Skin Cancer ? If so, what kind and when? _____	<input type="checkbox"/> Have you ever had a Cold Sore ? If so, when was your last outbreak? _____	

4. Do you have a set budget in mind?

- Up to \$500
- Between \$500-\$1000
- Between \$1000-\$1500
- Between \$1500-\$2000

5. Are you interested in receiving emails about promotions and special events?

- Yes!
Email: _____