

SPA- PATIENT INFORMATION

TODAY'S DATE: \_\_\_/\_\_\_/\_\_\_

**PERSONAL DATA:**

NAME: \_\_\_\_\_  
LAST FIRST MI NICKNAME

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ CELL: ( ) \_\_\_\_\_

BEST TIME OF DAY WE CAN REACH YOU: \_\_\_\_\_ BEST PHONE ( ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**DEMOGRAPHICS:**

SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ MARITAL STATUS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OFFICE PHONE: ( ) \_\_\_\_\_

**OTHER CONTACTS:**

SPOUSE NAME: \_\_\_\_\_

SPOUSE'S OCCUPATION: \_\_\_\_\_ SPOUSE'S EMPLOYER: \_\_\_\_\_

SPOUSE'S WORK PHONE: ( ) \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

PREFERRED PHARMACY \_\_\_\_\_

CITY: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

**REFERRAL:**

HOW DID YOU FIND OUT ABOUT US? (CIRCLE ONE)  
Doctor referred/ Friend/ Family/ Co-worker/ Newspaper Ad/ Yellow Pages/ Website/ Other

NAME OF PERSON WHO REFERRED YOU: \_\_\_\_\_

## PATIENT HISTORY FORM

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

**DESCRIBE CHIEF COMPLAINT (reason for seeking medical attention):**

**You are interested in: (Circle any that apply):**

<i>Botox treatment</i>	<i>Lip/skin collagen/filler</i>	<i>Leg vein treatment</i>
<i>Laser hair treatment</i>	<i>Tattoo removal</i>	<i>Photofacial</i>
<i>Chemical Peel</i>	<i>Facial</i>	<i>Microdermasion</i>
<i>Body Wrap</i>	<i>Skin products</i>	<i>Acne treatment</i>
<i>Other:</i> _____		

### **DERMATOLOGIC HISTORY**

Previous or current skin conditions (such as acne, cold sores, eczema, psoriasis, cancer etc.):

Topical skin medications: \_\_\_\_\_

Family history of skin problems: \_\_\_\_\_

If exposed to the sun, do you:

- \_\_\_\_\_ Burn easily with no tan
- \_\_\_\_\_ Burn easily with minimal tan
- \_\_\_\_\_ Burn some, tan some
- \_\_\_\_\_ Tan easily with minimal burn

### **MEDICAL HISTORY (Do you have or had any of the following?)**

High Blood Pressure	Yes/No	Anemia	Yes/No	Stomach/Bowel Problems	Yes/No
Heart Disease	Yes/No	Glaucoma	Yes/No	Recent Weight Loss	Yes/No
Cardiac Pacemaker	Yes/No	Cancer	Yes/No	Tobacco Use	Yes/No
Heart Murmur	Yes/No	Liver disease	Yes/No	Keloids/excessive scars	Yes/No
Chest Pain	Yes/No	Hay fever	Yes/No	Cold Sores/fever blisters	Yes/No
Artificial Joints	Yes/No	Seizures/epilepsy	Yes/No	Radiation Therapy	Yes/No
Joint pains/arthritis	Yes/No	Kidney problem	Yes/No	Ultraviolet light treatment	Yes/No
Diabetes	Yes/No	Difficulty breathing	Yes/No	History of skin cancer	Yes/No
HIV disease	Yes/No	Bladder Problem	Yes/No	Asthma/Lung problem	Yes/No

List any other medical problems or surgeries and explain any of above if needed: \_\_\_\_\_

Do you need antibiotics before all surgical or dental procedures Yes/No

Are you pregnant or think you may be? Yes/No

Nursing (breast-feeding) Yes/No

**MEDICATIONS:**

Are You Currently On:

Oral Contraceptives/Hormones:	Yes/No
Aspirin	Yes/No
Steroids	Yes/No
Anticoagulant	Yes/No
Digoxin	Yes/No

Other medications, herbals, or non-prescription drugs you currently take? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES-SENSITIVITIES:**

Do you have any history of skin reactions (rash, hives) or any untoward reactions or sickness following administration/intake of drugs, or ingestion of foods? If yes please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARE YOU ALLERGIC TO:**

IODINE	Yes/No
LOCAL ANESTHETIC (XYLOCAINE)	Yes/No
TAPE	Yes/No

**SOCIAL HISTORY**

Marital Status \_\_\_\_\_ #of pregnancies \_\_\_\_\_ # of children \_\_\_\_\_ Ages \_\_\_\_\_

Smoking? Yes/No How much? \_\_\_\_\_ For how long? \_\_\_\_\_

Alcohol? Yes/No How much? \_\_\_\_\_ For how long? \_\_\_\_\_

Drugs? Yes/No Type? \_\_\_\_\_

Occupation: \_\_\_\_\_

**FAMILY HISTORY**

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Siblings: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of patient or parent \_\_\_\_\_ Date \_\_\_\_\_ Physician's initials \_\_\_\_\_ Date \_\_\_\_\_

**THANK YOU FOR YOUR COOPERATION!**