

CLIENT REGISTRATION

Name: _____ Date: _____

Address: _____ D.O.B: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (cell) _____

(work) _____ What is your assigned sex at birth? male female

Occupation: _____

E-mail: _____

Would you like to receive appointment confirmations via: Text _____ Email _____ Both _____

Would you like to receive emails for monthly specials on products/services from us? Yes _____ No _____

Emergency Contact: _____ Phone: _____

Referred By: (circle one)

Gainesville Dermatology
Phone Book
Newspaper
Other: _____

TV
Internet
Radio

Friend/Relative
Magazine
E-mail Special

Personal History Questionnaire

Are you allergic to latex? YES NO

Please list any allergies: _____

Please check if you are being treated with any of the following products:

tufex idara N2 for Actinic Keratoses arac olaraze

Please fill in your current skincare regimen: (list brand names)

Cleanser _____ Toner/Astringent _____

Moisturizer (AM/PM) _____ / _____

Eye Cream/Gel _____ Mask _____

Surface Peel/Facial Exfoliator _____

Check the following that apply:

mples hiteheads lackheads Enlarged Pores
 ne Scars ysts flakiness

Are you currently taking Accutane (Isotretinoin) or have been within the past six months?

ES NO

Are you currently taking antibiotics? YES NO

What is your approximate sun exposure time per week?

Occupational: _____ Recreational: _____

Do you currently have or have you had:

Pacemaker	Y/N	Hepatitis	Y/N	Diabetes	Y/N	Cancer	Y/N
Dental Fillings	Y/N	Menopausal Symptoms	Y/N	Lupus	Y/N		
Hypertension	Y/N	Herpes	Y/N	HIV/AIDS	Y/N		

Please check YES or NO in response to the following questions:

	YES	NO
Are you currently taking or using Retin-A, Renova, Tazorac, Differin, or Hydroquinone?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently pregnant or trying to get pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a history of cold sores?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use a daily sunscreen of SPF 15 or higher?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use tanning beds?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently under a physician's care?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what is the doctor's name?		
Are you currently taking hormone replacement therapy?	<input type="checkbox"/>	<input type="checkbox"/>
Are you considering facial cosmetic surgery?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently having facial waxing, electrolysis, or using depilatories?	<input type="checkbox"/>	<input type="checkbox"/>
Have you recently been treated with cosmetic fillers or neurotoxins?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently using any glycolic acid products?	<input type="checkbox"/>	<input type="checkbox"/>

Select the ONE description that would best describe you if you were exposed to strong sun with no sun block:

- _____ 1. Always burn and never tan
- _____ 2. Always burn, sometimes tan
- _____ 3. Sometimes burn, but I always tan
- _____ 4. Rarely burn, always tan
- _____ 5. I have moderately pigmented skin
- _____ 6. I have darkly pigmented skin

List what areas you are interested in having treated and your expectations after your treatment process:

Please be aware that we ask you to give us at least a 24-hour notice if you need to cancel or reschedule your appointment or there may be a charge for up to 50% of the cost of your appointment. This fee is non-refundable if you cancel with less than a 24-hour notice or if you are not a candidate for the scheduled procedure. This policy allows us to make your appointment available for other patients/clients waiting to be seen.

FINANCIAL POLICY

Cosmetic services are elective and not covered by medical insurance. Payment is due at the time services are rendered. **We do accept Care Credit as a form of payment.** Returned checks are subject to a service charge of \$35.00. You agree to reimburse us the fees of any collection agency, which may be based on a percentage at a maximum of 50% of the debt, and all costs and expenses, including reasonable attorney fees, we incur in such collection efforts.

Print Name

Signature

Date