PATIENT INFORMATION

Name:_____ DOB:_____ Age:_____ Sex: M / F

Address:_____

City:_____ State:_____ Zip:_____

Work Phone:_____ Home Phone:_____

Cell Phone:_____ Referred by:_____

E Mail Address:_____

In case of Emergency contact: _____Phone:_____

General and Medical Information

Occupation:_____ Height:_____ Weight:_____

Are you basically in good health? □ Yes □ No

Has there been any change to your health in the past year? □ Yes □ No

If yes, please explain:_____

Are you interested in starting a skin care program that includes the following:
(circle all that apply) Skin Care Treatments Skin Care Products Both

Ethnic Background:_____

Are you Allergic to Latex? □ Yes □ No

Physician: _____ Telephone: _____

WHAT ARE YOUR SPECIFIC SKIN CARE CONCERNS					
Please note an "X" the area where the skin condition concern can be found.					
	Face	Body		Face	Body
Age/Sun Spots			Oily Skin		
Blackheads			Sensitive Skin		
Breakouts			Dry Callused elbows/knees		
Capillaries, visible			Small, dry bumps		
Dehydration			Puffy, spongy skin		
Dry, flaky skin			Overall loss of tone		
Fine line/wrinkles			Acne on back chest		

Have you had any of the following? □ Yes □ No (please check all that apply)

□ Cosmetic Surgery □ Botox Injections □ Glycolic Acid Peel □ Skin Cancer
□ Laser Resurfacing □ Chemical Peels □ Microdermabrasion □ Keloid Scarring
□ Dermatitis □ Hepatitis □ Other (specify):_____

Do you currently use any of the following: □ Yes □ No (Please check all that apply)

□ Accutane □ Glycolic Acid/AHA □ Topical Vitamin C □ Sunscreen/ Sun Block

□ Hydroquinone □ Retinoid (Vitamin A derivatives) i.e. Retin A, Renova, Differin

Are you currently taking *Coumadin* or *Plavix*? □ Yes □ No

HOW YOU CARE FOR YOUR SKIN						
How much time do you spend caring for your skin each day:			Less than 5 mins.	5 to 15 mins.	Over 15 mins.	
WHAT DO YOU DO TO CARE FOR YOUR SKIN		Mark "X" in the column that most closely describes your regimen				
	Brands & Type of Product(s) You Use	Morning & Night	Only Morning	Only Nighttime	On Occasion	Never
Cleanser						
Toner						
Exfoliant						
Mask						
Moisturizer						
Sun Protection (SPF?)						
Eye Care						
Foundation						
Other						

LIFESTYLE AND ENVIRONMENT					
Has your skin been different lately- If so, list anything you are now doing or changing in your lifestyle.					
Suffer from Premenstrual Breakouts	Yes	No			√=Yes
				Currently under Care of:	
Usual Stress Level	Low	Moderate	High	Cosmetic Surgeon	
Physical Activity Level	Low	Moderate	High	Dermatologist	
				Endocrinologist	
				Homeopath	
DIET-Describe your normal diet				Nutrition	
Fats	Low	Moderate	High	Medical Doctor-Type_____	
Starch	Low	Moderate	High	Other Type_____	
Sugar	Low	Moderate	High	Pregnant – what trimester	
Alcohol	Low	Moderate	High	Undergoing Menopause	
Tobacco	Low	Moderate	High	Undergoing Puberty	

LIST MEDICATION PRESENTLY USING (Including Antibiotic, Antihistamines, Hormones or Birth Control Pills)	
Medication or Brand	Reason or Purpose

LIST ALL VITAMINS OR FOOD SUPPLEMENTS	
Vitamin or Brand Name	Purpose

Is diabetes or heart disease an area of concern for you? □ Yes □ No

Is osteoporosis a particular area of concern for you? □ Yes □ No

INDICATE ALL ACNE MEDICATED USING	√=Yes	FAMLY MEMBERS WHO EXPERIENCE ACNE	Age at	
Benzoyl Peroxide_____% Brand Name_____			Onset	End
Retin-A (Tretinoin)_____% Cream Gel Lotion				
Accutane (Isotretinoin)				
Erythromycin				
Tetracycline				
Other:				

SUPPLEMENTAL ACNE INFORMATION			OTHER COSMETICS USED ON OR NEAR FACE		
Age at onset of acne				Brand Name	Description/Comments
Are you Allergic to Benzoyl Peroxide?	Yes	No	FOUNDATION		
Are you Allergic to Sulfur?	Yes	No			
Use a hot tub or sauna frequently	Yes	No	BLUSH		
Work around chemicals, tars, oils, or inks	Yes	No			
Use fabric softener	Yes	No	HAIR PRODUCTS		
Regularly ingest – Kelp	Yes	No			
Seaweed	Yes	No			
Sea Salt	Yes	No			

MEDICAL HISTORY: please check all that apply					
Back Pain		Eczema		Menstrual Problems or PMS	
Blood Pressure-High		Fatigue – chronic		Metabolic/Digestive Disorders	
Blood Pressure-Low		Hay Fever		Nail Fungus	
Cancer – any kind		Hemophilia		Pacemaker	
Claustrophobia		Hepatitis		Prosthesis	
Constipation – at present		Hormone Imbalance		Teeth-removable or dentures	
Hypoglycemia/low blood sugar		Dermatitis		Thyroid problems	
Eye-wear contacts lens		Psoriasis		Infectious or Contagious-Now	
Health or Circulatory Problems		Varicose Veins			
Acne		Diabetes			

List all allergies to medications, foods, etc.:

Please circle the following procedures you are interested in:

*** <u>Injectables:</u>**

Radiesse injections

Botox

Juvederm injections

*** <u>Laser Treatments:</u>**

Harmony Pixel Resurfacing
Harmony AFT Capillary Removal
Harmony ST Skin Tightening
IPL Fotofacial
Refirme Skin Tightening
Matrix Subablative Resurfacing
Laser Hair Removal
Q Switch Collagen Tightening

Ultherapy Face Lift

NIR Body Contouring Treatment

<u>Facial Treatments</u>

Cleansing Facials
Hydrating Treatments
Cellulite Reduction Treatment
Product Re-evaluation
Microdermabrasion
Chemical Peels

**** GFE required***

Please take a moment to carefully read the information you have provided and sign where indicated. If you have a specific medical condition or specific symptoms, certain esthetic treatments may be contraindicated. A referral from your primary care provider may be required prior to service being rendered.

Patient Signature:_____ Date:_____

Clinician Signature:_____

PATIENT POLICIES

Skin Care is an important part of everyone's daily life. We at the Alvarado Institute of Skin Care are here to serve our patients and all of their skin care needs. We will try our best to meet your goals.

1. All patients must render payment at the time of service.

2. If you are scheduled for two or more services and find you must cancel your appointment, please do so **48 hours** prior to your appointment. If you have made an appointment for a single service and must cancel it, please do so **24 hours** prior to your appointment. This cancellation policy provides our staff the opportunity to reschedule other patients who are on a waiting list into your previously held appointment time. The staff works by appointment only and it is important for them to keep their appointment books full**. Failure to cancel an appointment within the required amount of time will result in a $60 charge for scheduled services. If you have a gift voucher for the services, you will be charged the standard $60 fee and the voucher will be voided. If your appointment is a pre-paid service, you will have the option to pay the cancellation fee or lose one treatment off your existing package.**

3. **No exceptions to these policies will be made.**

4. We prefer that our patients do not bring children with them to their visits, as this is a time of relaxation for all our patients. Of course, we realize that a sitter is not always available. Please notify us in advance when your children will be present.

5. We have gift certificates available. If you know you would like to purchase one, please let us know before your appointment and we will be glad to gift wrap it for you.

6. There is a $20.00 charge on all returned checks as well as the banks fees. No exceptions will be made.

7. **Packages are not refundable under any circumstances** but may be transferred to other packages of services. Packages are **not** transferable to product purchases.

8. For the consideration of others, please turn **all** cellular phones and pagers to silent mode during the time of your appointment.

9. **Patient Referral Program:** We believe in giving back to our patients and do so by providing you with 20% off your entire next product purchase or ½ off of a off a medical skin care treatment of your choice, excluding injectibles for the referral of one friend or family member. Please see the front desk for further details.

10. A **Good Faith Exam** is required prior to any Medical Laser treatments, Injectable treatments (Botox, Juvederm or Radiesse), Latisse and prescription medications. There is at $25.00 non-refundable fee.

Patient Signature:_____ Date:_____

Witness Signature:_____ Date:_____

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