MONARCH SKIN REJUVENATION CENTER

<u>PATIENT INFORMATION:</u> (please print)

First Name: _____ Middle_____ Last_____

Address: _____City_____State_____Zip_____

Home Phone: _____ May we leave a message for you at home?   **Y N**

Cell Phone:_____May we leave a message for you on your cell?   **Y N**

Work Phone:_____May we leave a message for you at work?   **Y N**

E-Mail (receive our specials):_____

Date of Birth: _____ Gender: **M F**

Emergency Contact: _____ Relation_____Phone_____

Primary Care Physician: _____ Phone_____

<u>MEDICATIONS:</u> List medications you are currently taking; prescriptions, over the counter medications, vitamins, dietary supplements, anti-inflammatories and aspirin.

_____
_____
_____

Have you ever taken Accutane? **Y N** If so, when _____

<u>DRUG ALLERGIES:</u> _____

Are you allergic to Latex? **Y N**

<u>CONDITIONS/SYMPTOMS:</u> (past or current with explanation)

Anemia or Bleeding Disorders: **Y N** _____ HIV or AIDS **Y N** _____

Hepatitis: **Y N** _____ Epilepsy/Seizures **Y N** _____

Cold Sores: **Y N** _____Herpes Complex **Y N** _____

Are you pregnant? **Y N** Are you trying to get pregnant? **Y N** Are you breast feeding? **Y N**

<u>SKIN CARE/MAKEUP PRODUCTS</u>: List skin care and makeup products you use.

_____
_____

Do you use Retinol? **Y N**   Do you have problems with break outs? **Y N** Where? _____

Do you use sunscreen? **Y N** Have you had any facial treatments in the past 1-4 weeks?

HOW DID YOU HEAR ABOUT MONARCH SKIN REJUVENATION CENTER?

Referred by a friend: _____

Referred by a Physician: _____

Internet   Facebook   Twitter   Walk-In   Other: _____

I AM INTERESTED IN DISCUSSING

o   Microdermabrasion

o   Dermaplane

o   Laser Hair Reduction

o   Facial Hair Waxing

o   IPL/BBL Treatment

o   Skin Peels

o   Profractional Treatment

o   Extractions

o   Anti-Aging Skin Care Products

o   Makeup

o   Longer/Fuller Lashes

o   Skin Tightening Treatment

o   Other_____

I AM CONCERNED ABOUT

o   Fine lines and Wrinkles

o   Uneven skin texture

o   Unwanted hair

o   Acne

o   Past sun damage

o   Uneven skin tone and texture

o   Scars or acne scars

o   Clogged pores

o   Melasma

o   Spider veins legs

o   Sun protection

o   Broken facial vessels

o   Other_____

NOTICE OF PRIVACY ACT

I have received a copy of the Notice of Privacy Practices for Protected Health Information, effective September 23, 2013; from Monarch Skin Rejuvenation Center.

Signature _____Date_____

Monarch Skin Rejuvenation Center privacy policy provided upon request