

MONARCH SKIN REJUVENATION CENTER

PATIENT INFORMATION: (please print)

Date: _____

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: _____

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

Emergency Contact: _____ Relation _____ Phone _____

Primary Care Physician: _____ Phone _____

MEDICATIONS: 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 _____

DRUG ALLERGIES:

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

CONDITIONS/SYMPTOMS: (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** _____

Recent Infection: **Y N** _____ Diabetes **Y N** _____

Liver Disease: **Y N** _____ Thin/Fragile Skin **Y N** _____

Kidney Disease **Y N** _____ Smoking History **Y N** _____

Adrenal Disease **Y N** _____ History of Addiction **Y N** _____

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

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

Do you use a 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

- Microdermabrasion
- Dermaplane
- Laser Hair Reduction
- Facial Hair Waxing
- IPL/BBL Treatment
- Skin Peels
- Profractional Treatment
- Extractions
- Anti-Aging Skin Care Products
- Makeup
- Longer/Fuller Lashes
- Skin Tightening Treatment
- Halo
- HydraFacial
- Medical Facial
- Other _____

I AM CONCERNED ABOUT

- Fine lines and Wrinkles
- Uneven skin texture
- Unwanted hair
- Acne
- Past sun damage
- Uneven skin tone and texture
- Scars or acne scars
- Clogged pores
- Melasma
- Spider veins legs
- Sun protection
- Broken facial vessels
- Facial Redness
- Age Spots
- Brown Spots
- 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