

Patient Consultation Form

Name _____ Phone Number _____

Mailing Address _____

City _____ State _____ Zip _____

Billing Address _____

City _____ State _____ Zip _____

Email Address _____

Please note that there will be a \$150 consultation fee (30

Type of payment Vis MC American Discover

Credit Card # _____ Exp _____ CVV# _____

Name _____ Signature _____

Date _____

Patient Consultation Form,

Chief Complaint _____

Ethnicity _____

Pregnant Yes No
(please circle)

Breast Feeding Yes No
(please circle)

Please complete the following section if the below information has changed since filling out your initial client paperwork.

Past Medical History _____

Surgical History _____

Medications _____

Allergies _____

History

| | | | |
|--------------------|---|---|-------|
| Suntan | X | X | _____ |
| Waxing | X | X | _____ |
| Retnoid Use | X | X | _____ |
| Photosensitivity | X | X | _____ |
| Accutane | X | X | _____ |
| Cold sores/Herpes | X | X | _____ |
| Previous laser tx | X | X | _____ |
| Keloid Scarring | X | X | _____ |
| Vitiligo | X | X | _____ |
| Skin Cancer | X | X | _____ |
| Perm makeup/tattoo | X | X | _____ |
| Botox | X | X | _____ |
| Fillers | X | X | _____ |
| Chemical Peels | X | X | _____ |
| Other | X | X | _____ |

Have you had any recent procedures Yes No
(please circle)

If yes, please state _____

What is your main concern/reason(s) for acquiring a phone consultation _____

Patient Signature _____ Date _____

MD/NP Signature _____ Date _____

Patient Consent Form And

Name _____ Date _____

I hereby authorize Skin Health Experts Medical Corporation to perform over the phone consultation to discuss concerns and possible procedures.

The following points have been discussed with me:

- The potential benefits of the proposed procedure.
- The possible alternative procedures.
- The probability of success.
- The reasonably anticipated consequences if the procedure is not performed.
- The most likely possible complications/risks involved with the proposed procedure

Disclaimer

Any email or telephone contact is to be used exclusively for educational purposes. It does not comprise an agreement to establish a therapeutic relationship. Neither telephone/email consultation nor educational materials are viable substitutes for clinical assessment or other services. The confidentiality of email cannot be guaranteed, and caution should be taken in transmitting any personal information in this manner.

Website information, telephone or internet contact or consultation is not intended to diagnose, treat, cure, or prevent disease or illness). These forms of information sharing are not meant to substitute for the advice of a Physician or Clinician. We do not make any warranties regarding the use of the information received. Any information available through consultation or website use is based on professional experience in working with the issues discussed. Any educational suggestions are based on this experience rather than any knowledge or insight into your own particular concerns. No warranties are made regarding their appropriateness of the information for your issues, or the manner in which you use this information. Consumers of any of the above delivery forms of information are entirely responsible for the use they make of this information.

Acknowledgement

I understand and acknowledge that payments for this procedure are non-refundable.

By my signature below, I certify that I have read and fully understand the contents of this permission form for Consultation and that the disclosures referred to herein were made to me.

Patient Signature _____ Date _____

MD/NP Signature _____ Date _____

Cosmetic Interest

Name _____ Date _____

General appearance or skin concerns (please check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Skin rejuvenation | <input type="checkbox"/> Facial redness | <input type="checkbox"/> Arms |
| <input type="checkbox"/> Fine lines and wrinkles | <input type="checkbox"/> Brown spots/hyperpigmentation | <input type="checkbox"/> Abdominal area |
| <input type="checkbox"/> Facial folds –around mouth and/or nose | <input type="checkbox"/> Dark circles under eyes | <input type="checkbox"/> Thighs |
| <input type="checkbox"/> Rough texture of skin | <input type="checkbox"/> Thin lips | <input type="checkbox"/> Cellulite |
| <input type="checkbox"/> Tired looking | <input type="checkbox"/> Acne | <input type="checkbox"/> Lose Body |
| <input type="checkbox"/> skin Dry skin | <input type="checkbox"/> Facial or leg veins | <input type="checkbox"/> Skin Body |
| <input type="checkbox"/> Sagging skin | <input type="checkbox"/> Unwanted hair | <input type="checkbox"/> Laxity Body |
| <input type="checkbox"/> Uneven skin tone | <input type="checkbox"/> Neck laxity | <input type="checkbox"/> Acne Thinning |
| | | <input type="checkbox"/> Lashes |

Please rank your top three concerns

Comments

1. _____

2. _____

3. _____

Products or treatments of interest to you (please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Skin care advice | <input type="checkbox"/> Facial muscle |
| <input type="checkbox"/> Skin care | <input type="checkbox"/> toning |
| <input type="checkbox"/> products Laser | <input type="checkbox"/> Depigmentation |
| <input type="checkbox"/> treatments Hair | <input type="checkbox"/> BOTOX® |
| <input type="checkbox"/> removal | <input type="checkbox"/> Cosmetic |
| <input type="checkbox"/> Removing leg or facial | <input type="checkbox"/> Fillers (Juvéderm®, Restylane®, Perlane®, |
| <input type="checkbox"/> veins Eye treatments | <input type="checkbox"/> Radiesse®) Facial Fullness |
| <input type="checkbox"/> Facials | <input type="checkbox"/> Retin-A |
| <input type="checkbox"/> Peels | <input type="checkbox"/> Lightening |
| <input type="checkbox"/> | <input type="checkbox"/> cream |
| | <input type="checkbox"/> Body treatments (wraps and/or Lipocell) |
| | <input type="checkbox"/> Latisse® |

Please answer the following questions on a scale from 1 to 5 by circling the appropriate number

When I look at my face in the mirror, I believe I look younger, the same, or older than my true age?

Younger

True

Older

1

2

3

4

5

Cosmetic Interest

When looking in the mirror, I am concerned, somewhat concerned, or very concerned about the appearance of my wrinkles and/or skin laxity?

Not Concerned

1

2

Somewhat concerned

3

4

Very

5