



PATIENT INFORMATION SHEET

Date: _____

Last Name: _____ First: _____ MI: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home# () _____ Work# () _____ Cell# () _____

Emergency# () _____

Email Address: _____

Employer Name: _____ Occupation: _____

Marital Status: () Married () Single () Other Drivers License # _____

Social Security #: _____ DOB: _____ Sex: M / F

Spouse/Parent (if minor) _____

Address (if different from patient): _____

DOB: _____ SS#: _____

Employer: _____ Occupation: _____

Nearest Friend/Relative not living with you to contact in case of emergency:

Name: _____ Phone: _____

Relationship: _____

Referred By:

Friend-their name: _____

Word of Mouth-source: _____

Radio-Which Station: _____

TV-which Station: _____

Newspaper-which paper: _____

Internet-Our Website or Other: _____

Other: _____

Favorite Radio Station: _____

Favorite TV Station: _____

Favorite Newspaper: _____

We appreciate you taking time to fill out this form, so that we may thank the person who referred you to our office.



CONSENT FOR RELEASE AND USE OF PHOTOGRAPHS, VIDEOTAPES AND DIGITAL IMAGES

The undersigned _____ is a patient of Alex ~ Alexa Medi Spa and the undersigned's image will be captured by photograph, videotape, and or digital recording or otherwise during the course of treatment. The undersigned grants Alex ~ Alexa Medi Spa, the on-going and unrestricted right to use the undersigned's images for general information, education, scientific, medical and public relations purposes and to permit others to use them for those purposes. The image may be conveyed and displayed for those purposes through electromechanical means, including the Internet.

The undersigned further acknowledges that he/she relinquishes all rights, title and interest in these images, or any right to profit or gain directly or indirectly realized through use of the images.

The consent may only be revoked in writing, signed by the undersigned and delivered to Alex ~ Alexa Medi Spa. Such revocation shall thereafter be effective as to any further use not already committed to be Alex ~ Alexa Medi Spa. This consent is in consideration of services performed and consultations conducted or to be performed or conducted by the physician, or staff of Alex ~ Alexa Medi Spa, and there have been no representations or inducements concerning this consent except as set forth herein.

Patient's Signature

Date

Consent of Parent or Guardian

I am the parent or guardian of _____, a minor. I am authorized to sign this consent on his/her behalf, and I agree on my own behalf to the terms of the foregoing consent.

Parent/Guardian Signature

Date

Witness Signature



Skin Care Questionnaire

Date: _____

Name _____ DOB: _____

MAIN CONCERNS:

- | | |
|----------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Acne | <input type="checkbox"/> Pigmentation |
| <input type="checkbox"/> Acne scarring | <input type="checkbox"/> Fine Wrinkles |
| <input type="checkbox"/> Preventative Skin Cancers | <input type="checkbox"/> Deep Wrinkles |
| <input type="checkbox"/> Aging | <input type="checkbox"/> Enlarged Pores |
| <input type="checkbox"/> Sun Damage | <input type="checkbox"/> Tone/Texture |

SKIN TYPE:

Normal Oily Sensitive Dry Acne Combination Other

How does your skin feel halfway through the day? _____

Have you ever had acne or pimples? _____ When was your last break out? _____

Do you burn easily in the sun? _____

What irritates your skin? _____

Do you have any sensitive areas? _____

Sunbather: yes / no

Suntan Booth: yes / no

Smoker: yes / no

Pregnant: yes / no

Nursing: yes / no

Vegetarian: yes / no

SKIN HISTORY:

Herpes (Cold Sores) Fever Blisters Blemishes Rosacea
 Eczema Psoriasis

Known _____ skin _____ reactions:

Known Allergies (sunscreens/eye products): _____

Medications (Accutane?): _____

Prior Acid Treatment or Facial Surgery: _____

Facials Waxes Electrolysis Facial Hair Coloring/Perming



Skin Care Questionnaire, Page 2

CURRENT PRODUCTS USED (when / how often?):

Cleansers: _____
Toners: _____
Moisturizers: _____
Sunscreens: _____
Masks/Scrubs: _____
Make up: _____
Other: _____

USAGE OF PRODUCTS:

Have you used the following products, and if so, what strength?

Retin A – Strength _____

Alpha Hydroxy Acids _____

How quickly do you need to see results? _____ Quick _____ Moderate _____ Gradual

How much irritation can you accept? _____ None _____ Little _____ Moderate _____ Plenty