



Patient Encounter Form

Date: ___/___/___

PATIENT NAME: _____ Birthdate: _____ EMAIL: _____

Mailing Address/City/Zipcode _____

May we contact you by email for specials and educational seminars Yes/No

Work# _____ Home# _____ Cell# _____

Employer: _____ Occupation: _____

Emergency Contact (name and phone) _____

Past Medical History: (Check all that apply) Physician name: _____

Asthma: _____	Eczema: _____	Rosacea: _____	AIDS/HIV: _____	Heart disease: _____
Diabetes: _____	Skin Cancer _____	Lupus: _____	Bleeding History _____	Smoker: _____
Epilepsy: _____	Acne: _____	Hepatitis: _____	Cold Sores: _____	

Other medical problems: _____

Are you pregnant? Yes or No

Do you have any Allergies?: _____

Previous Cosmetic Surgery: _____

Previous Cosmetic Injections: _____

Have you ever been on Accutane? Yes/No If so, when was it stopped: _____

List all medications/Supplements you are taking: _____

*include Retin A, glycolic acid, and antibiotics

List the skin care products you currently use: _____

Who can we THANK for your visit?: Name of person _____

How did you hear about us? Please Circle:

Google / CareCredit / Our Website / HealthGrades / Merz / Galderma / Allergan / Clipper Magazine / Other: _____

When was your last chemical peel? _____ When did you last tan or use artificial tanning? _____

__TYPE I ----	Always Burns Never Tans	Caucasian	Very Fair Skin
__TYPE II ----	Usually Burns Tans with difficulty	Caucasian	Fair Skin
__TYPE III ----	Sometimes burns Tans gradually	Darker Caucasian	Fair to medium skin tone
__TYPE IV ---	Rarely burns Tans well	Mediterranean, Asian Light-Skinned Hispanics	Olive to light brown tone
__TYPE V ---	Very Rarely burns Tans very easily	Middle Eastern, Indian Hispanic, light-skinned black	Deep olive to dark brown
__TYPE VI ---	Never Burns	Dark-Skinned Black	