Name:_____ Date: _____

Address: _____City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Preferred: **Home/Cell**

Please Circle Cell Phone Carrier below if you would like Text Notifications:

AT&T, Boost Mobile, Sprint, T-Mobile, Verizon, Cricket, Virgin Mobile

Email Address: _____DOB:_____ Age: _____

SSN: _____ Sex: **Male/Female**

Referred By: Doctor: _____Friend:_____Other:_____

Emergency Contact Name: _____ Contact #: _____

Pharmacy: _____ Pharmacy Phone: _____

Reason for Consultation: _____

General (please circle any that apply)

Cold sores	Asthma/Difficulty Breathing	Skin or Nail Infections
Shingles/Herpes	HIV/AIDS	Smoker
Pacemaker/Metal Implant	Depression	Anxiety/Panic Disorder
Diabetes	Thyroid Disorder	Kidney Disease
Heart Disease	Seizures	Fibromyalgia
High/Low Blood Pressure	Neck/Back Pain	Neuro-muscular Disease
		Other:

Do you have an IUD in place? **Yes/No**

Do you have any metal implants? **Yes/No**

Have you used indoor tanning beds? **Yes/No** Date_____
Do you use self-tanner/bronzers? **Yes/No** Date_____

Fitzpatrick Skin Typing: Please check off the description that best explains the way the way your skin responds to the sun after 15 minutes of unprotected exposure:

Always burns, never tans (Type I)	Rarely burns, always tans (Type IV)
Always burns, uneven tan, freckles (Type II)	Never burns, deeper tan (Type V)
Sometimes burns, always tans (Type III)	Never burns, increased tan (Type VI)

Medical History

Height: _____ Weight: _____ Weight Gain or Loss (timeframe):_____

Smoking History: **Never** **Active** **Prior** Age Started: _____ Ended: _____ Packs Per Day: _____

Are you pregnant? **Yes/No** Are you trying to get pregnant? **Yes/No** Are you breastfeeding? **Yes/No**

List All Drug **ALLERGIES** (Including Latex):

Drug	Reaction

Do you have any known allergies to lidocaine or epinephrine? **Yes/No**

All **MEDICATIONS** (Include Aspirin, supplements, herbals and all over the counter products)**.**

Medication	Dosage	Medication	Dosage

Are you now or have you ever been on Accutane? Date_____
Are you now or have you ever been on Retinols? Date_____
Are you now or have you ever been on hydroquinone? Date_____
Are you now or have you ever used any products containing acid used to even skin tone, exfoliate or brighten skin? **Y/N**

Past **SURGERIES** with Dates**.**

Surgery	Date

The practice of medicine, surgery and use of noninvasive devices is not an exact science. Although good results are expected, there is not a guarantee or warranty expressed or implied as to the results that may be obtained. There are variable conditions, risks and potential complications that may influence long-term results from treatments. Your provider may provide you with additional or different information that is based on all facts in your particular case or state of medical knowledge. Informed consent documents are not intended to

define or serve as the standard of medical care. Standards of medical care are determined on the basis of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and practice patterns evolve. With my consent, Nouveau Medispa may use or disclose protected health information about me to carry out treatment. You have the right to refuse to sign or revoke an authorization to disclose your protected health information. I authorize them to call or send mail to my designated location(s). I further understand that any changes in my health history should be updated immediately by me. I will follow all pre and post care instructions for my treatments.

Additionally, I accept all responsibilities for bills and fees incurred for services provided at my appointment and I agree to pay balances at the end of each appointment.

Signature: _____ Date: _____

Photograph Consent and Release Form: I, the undersigned, do hereby agree to the following. I am allowing Advanced Plastic Surgery Center to take photos of my treatment and/or treated areas to be used to the purpose of monitoring my progress and clinical chart documentation, education.

Signature: _____ Date: _____

Witness: _____