DermaTouch RN
Laser & Skin Care Clinic

Personal Profile & Medical History

Name:		**Date:**
Address:		
City:	**State:**	**Zip:**
Date of Birth:	**Cell Phone:**	**Home Phone:**
e-mail address:		
Emergency Contact:	**Emergency Contact Phone:**	

Preferred Method of Contact: ☐ Phone ☐ E-mail ☐ Text

Reward Programs (optional)

Brilliant Distinctions
e-mail/Member#_____
Password _____

Aspire Rewards
e-mail/Member#_____
Password _____

How did you hear about DermaTouch RN?

☐ Friend ☐ Website ☐ Google ☐ Facebook ☐ Instagram
☐ Other: _____
Whom may we thank for the referral?_____

Medical & Skin History

Please list all products you are currently using on your skin:_____
_____

Are you currently using any Retin A, such as Tretinoin , Differin, Tazorac, Retinal, Refissa? ☐ Yes ☐ No
Have you used Accutane/Isotretinoin in the last 6 months? ☐ Yes ☐ No
If yes, how recently? _____

Are you currently under the care of a Dermatologist? ☐ Yes ☐ No
If yes, please explain:_____
_____

Have you had any cosmetic procedures in the past? ☐ Yes ☐ No
If yes, please list: _____
_____

Check any that apply:
☐ Botox (Location & last treatment)_____
☐ Dermal Fillers (Location & last treatment) _____
☐ Implants - Location(s): _____
☐ Chemical Peels, Dermabrasion, Laser Resurfacing or Face Lift
☐ Waxing/Plucking/Electrolysis within the past 4 weeks

Please list all medications including prescription and over the counter drugs (i.e. birth control, vitamins, herbs, blood thinners, aspirin, fish oil, and/or supplements): _____
_____

Are you pregnant, nursing or breastfeeding? ☐ Yes ☐ No

Are you allergic to any medications? ☐ Yes ☐ No

If yes, please list: _____

_____

Have you ever had any reaction to aspirin, latex, local anesthetics, aloe, shell fish, citrus or any other food or cosmetic ingredients? _____

Do you have or have you had any of the following:

- ☐ Acne
- ☐ AIDS/HIV Positive
- ☐ Anxiety
- ☐ Arthritis/Gout
- ☐ Blood disease
- ☐ Cancer
- ☐ Chemotherapy
- ☐ Claustrophobia
- ☐ Cosmetic Tattoos
- ☐ Diabetes
- ☐ Dark spots after pregnancy, skin injury
- ☐ Eczema
- ☐ Epilepsy or seizures
- ☐ Fibromyalgia
- ☐ Herpes simplex or Fever blisters
- ☐ Hepatitis A, B or C
- ☐ Hirsutism
- ☐ Hives or Rash
- ☐ Hormone Replacement Therapy
- ☐ Keloid Scaring
- ☐ Leg Ulcer or Phlebitis
- ☐ Hypertension, high cholesterol, heart issues
- ☐ Light sensitive Epilepsy
- ☐ Lupus Erythematosus
- ☐ Melasma
- ☐ Radiation Treatments
- ☐ Rosacea
- ☐ Shingles
- ☐ Polycystic ovarian disease (PCOD)
- ☐ Psoriasis or Vitiligo
- ☐ Transplant Anti-Reduction Drugs
- ☐ Tumors/Growths
- ☐ Other:_____ _____

If you answered yes to any of the above please specify:_____

_____

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is my responsibility to inform DermaTouch RN of any changes in medical status.

SIGNATURE OF PATIENT OR GUARDIAN:_____ DATE:_____

FINANCIAL POLICY:

Cancellations are required at least 24 hours prior to the scheduled appointment. Failure to cancel or NO SHOW for a scheduled appointment will result in a $50.00 charge. DermaTouch RN reserves the right to charge your credit card if the appoint is cancelled in less than the note required by this cancellation policy. The Patient will be notified of any charges that would occur. We do text, email, and call reminders for your convenience.

Upon booking an evening or Saturday appointment, we may require a $50.00 fee. This fee will be applied to your appointment. We hope the ability to book an evening or Saturday appointment makes your treatment more convenient. Please understand that we have scheduled your nurse based on your appointment.

Split Packages (multiple visits or patients in the same visit) will incur a $65 split fee to account for our nurse's time.

Photographs will be taken prior to each treatment and are the sole property of DermaTouch RN. Photos or copies of photographs are not available to be transferred with requests to release medical records.

We accept Cash, Major Credit Cards (Visa, Master Card, Discover and American Express), CareCredit and United Medical Credit. We do not accept Checks or Business Credit Cards as forms of payment. I understand all Sales are final, and no refunds are available.

I understand that if I have a complimentary treatment scheduled, and I no show to my appt, or don't reschedule within 48 hours, I will lose that treatment.

SIGNATURE OF PATIENT OR GUARDIAN:_____ DATE:_____