New Patient Intake Form

Name First ________________________ **Last** _____________________________ **DOB** ______________

Occupation _______________________

Address ____**City** ________________ **State** _____ **Zip** ________

Phone (H) ______________________ **(C)** _________________________ *(please indicate preferred)*

Email ____ *(May we add you to our mailing list?) Yes No*

Primary Care Doctor _______________________________ **Phone** _________________

Pharmacy/address _______________________________ **Phone** _________________

Referred by _____________________________________ *(Ask us about our Refer a Friend Program)*

Emergency Contact _______________________________ **Phone** ________________ **Alternate Phone** _____________

What are your reasons for visiting Vega MedSpa? *(Please circle all that apply)*

Better Tone/Texture/Elasticity	Collagen Stimulation	Hair Reduction
Broken Capillaries/Rosacea (red cheeks)	Acne/ acne scar concerns	Other:
Cellulite Reduction	Injections/Fillers	
Fine Lines/Wrinkles	Minimize Hyperpigmantation (Brown spots)	
Comments:		

Current Medications ____

Allergies____

Medical History *(Please circle all that apply)*

Diabetes	Cancer	Seizures/Epilepsy	Auto-immune Disorders/ Currently on Steroids
Multiple Sclerosis	Heart Conditions/Pacemaker	Arthritis	Active Infections or History of MRSA or Staph infections
Bleeding Disorder/Currently on a blood thinner	Hepatitis	History of Herpes infection (cold sores or fever blisters)	HIV/AIDS

Skin Procedure History

Have you ever had any of these procedures or treatments before? *(Please circle all that apply)*

Microdermabrasion   Dermasweep   Dermaplaning   Waxing   Other ______________________________

Chemical Peels   Injections   Fillers   Phototherapy   Laser Hair Removal   Laser resurfacing

Have you seen a dermatologist for your current skin care complaints? If so, whom _________________________________

Personal Skin Care Assessment

What is your race/ethnicity? _______________________________

How would you describe your skin? Please check the one you think applies at the moment. Remember skin type is ever changing.

- o Oily - larger pores, always oily/shiny
- o Combo oily - medium pores, oily T-zone oil with dry perimeter
- o Dry - small pores, flaky, tight, sallow skin
- o Sensitive- frequent redness, sun sensitive, product sensitive
- o Mature skin – loss of elasticity, hormonally dry/oily variance, fine lines & wrinkles

Please describe your daily skin care regimen.

	Product(s) used	Frequency (times a day)
Cleanser		
Day Cream		
Eye Cream		
Night Cream		
Toner		
Sunscreen		
Exfoliation		
Other		

Hormone Assessment

- Are you pregnant or trying to get pregnant? YES ____ NO____ If pregnant, how many weeks? _____________
- Did you recently give birth? YES ____ NO____ If yes, when? _____________________________
- Are you currently breast feeding? YES ____ NO____
- Are you taking fertility medications? YES ____ NO____
- Has a doctor ever prescribed Accutane, Retin-A, Renova or antibiotics for your acne? YES ____ NO____
- Are you currently taking any of the above medications? YES ____ NO____ List them: _________________________

General Treatment Considerations

- Do you bruise easily? YES ____ NO____
- Do you scar easily? YES ____ NO____
- Do you smoke? YES ____ NO____ If yes how much? ____________________
- Do you drink alcohol? YES ____ NO____ If yes, how much? ____________________
- Do you use self-tanners (creams, spray-on tanners) or visit a tanning booth? YES ____ NO____
    - If yes how often? ____ Last time you were at a tanning booth/applied self-tanner _________

Additional Information

Please let us know anything else you would like to discuss with us during your visit today.

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Our Commitment to You

Our highly trained staff are available to help you with all your skin care concerns. To ensure your treatments are best suited to you, we ask that the information you provide us be as accurate and complete as possible. Following your treatment today, you will continue to play an important role in caring for your skin. For the best outcomes and recovery, we ask that you please follow our recommendations for after your treatments in our MedSPA. At times we may suggest certain products or complimentary services. Should you have any questions, please do not hesitate to ask. We will be glad to help you meet your skin care needs today and into the future.

Signature of Patient (or Responsible Party) ___________________________________ Date ____________

Provider/Aesthetician Signature ____ Date ____________

Provider Notes: ____

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Skin Typing Matrix

Patient Name _________________________ **DOB** ________________ **Date** ______________

Please choose the answers which best describe your skin. We will total your score during your consultation.

My ethnic origin is closest to ***(choose one)***:

Very fair (Celtic and Scandinavian)
Fair-skinned Caucasian with light hair and light eyes
Pale-skinned Caucasian with dark hair and dark eyes
Olive-skinned (Mediterranean, some Asian, some Hispanic)
Dark-skinned (Middle Eastern, Hispanic, Asians, some African)
Very dark-skinned (African)

My eye color is:

Answer	Score
Light blue	0
Blue / Green	1
Green / Gray / Golden	2
Hazel / Light brown	3
Brown	4

My natural hair color at age 18 was:

Answer	Score
Red	0
Blonde	1
Light brown	2
Dark brown	3
Black	4

The color of my skin that is not normally exposed to sun is:

Answer	Score
Pink to reddish	0
Very Pale	1
Pale with a beige tan	2
Light brown	3
Medium to dark brown	4
Dark brown - black	5

If I go out into the sun for an hour or so without sunscreen and have not been out in the sun for weeks, my skin will:

Answer	Score
Burn, blister and peel	0
Burn, then when burn resolves there is little or no color change	1
Burn, but then turns to tan in a few days	2
Get pink, but then turns to tan quickly	3
Just tan	4
Just gets darker	5
My skin color is so dark I can't tell	6

When was the last time the area to be treated was exposed to natural sunlight, tanning booths or artificial tanning cream?

Answer	Score
Longer than one month ago	0
Within the past month	1
Within the past two weeks	2
Within the past week	3

Total Score: ______

If your score is:	Your skin type is:
0 – 3	1
4 – 7	2
8 – 11	3
12 – 15	4
16 – 19	5
20 – 24	6

Additional skin response questions:

If you sustain an injury to your skin (e.g. cut, burn or bruise) how long does it take to fully resolve without any hyperpigmentation? ____

What happens if you get an insect bite? ____

Consent to Share Photographs & Contact Information

Patients often find that speaking to others who have shared similar experiences and viewing before and after pictures can be helpful when deciding about having surgery or a particular treatment. To this end, we ask our patients to consider sharing their experiences as a way of helping others. Even if you do not wish to share your photos, being available as a resource is also very valuable. Thank you for your consideration.

Please indicate your preferences by initialing all that apply.

Use of Patient Photographs

I **give consent** to Vega Plastic Surgery & Med Spa to use my photographs for the following purposes:

____ Marketing for Vega Plastic Surgery & Med Spa (e.g. websites)

____ Staff educational purposes (e.g. internal office conferences, meetings, presentations)

____ Patient educational purposes outside our office (e.g. community seminars or meetings)

____ Patient educational purposes in our office (e.g. patients considering a similar surgery, procedure or treatment)

___ I **DO NOT give consent** to Vega Plastic Surgery & Med SPA to utilize my photographs for any reason

Sharing Patient Contact Information

____ I **give consent** for Vega Plastic Surgery & Med Spa to share my contact information with other patients. I am willing to discuss my surgical experience or aesthetic treatment with those interested in similar procedures.

____ **I DO NOT give consent** to Vega Plastic Surgery & Med Spa to share my contact information with other patients

I understand that I may revoke my consent at any time in writing except to the extent that the practice has already made disclosures or published photographs in reliance upon my prior consent.

Print Name____________________________________

Signature______________________________________ Date__________________