



DERMWELLESLEY

NAME: _____ **DOB:** _____

ADDRESS: _____

PHONE: _____ **Email:** _____

HOW DID YOU HEAR ABOUT US? _____

WHAT SERVICES ARE YOU LOOKING TO DISCUSS/HAVE DONE TODAY?

- | | |
|---------------------------------|---------------------------------------|
| € SKIN CARE ADVICE | € PRP FOR HAIRLOSS |
| € FINE LINES AND WRINKLES/AGING | € LASER RESURFACING/PHOTOREJUVENATION |
| € SKIN TEXTURE | € UNDERARM SWEATING/ODOR |
| € BOTOX | € REDNESS/BROKEN CAPILLARIES |
| € COSMETIC FILLERS | € FACIALS |
| € AGE SPOTS/UNEVEN PIGMENTATION | € CHEMICAL PEELS |
| € ACNE SCARS | € OTHER _____ |

HISTORY OF PRIOR COSMETIC TREATMENTS (approximate date):

PLEASE LIST ANY ONGOING MEDICAL PROBLEMS AND IF YOU ARE PREGANT/BREASTFEEDING/ OR TRYING TO CONCIEVE:

CURRENT SKIN CARE REGIMEN:

Cleanser: _____ AM/ PM	Sunscreen: _____ AM/PM
Moisturizer: _____ AM/PM	Topical prescriptions: _____ AM/PM
Serum: _____ AM/PM	Other: _____ AM/PM

CURRENT MEDICATIONS/ ALLERGIES:

Prescriptions: _____

Over the counter: _____

Allergies: _____



DERMWELLESLEY

PLEASE READ AND INITIAL:

_____ I have reviewed the cancellation/ no- show policy on the website

_____ I understand that cosmetic procedures at DermWellesley are not covered by my insurance and must be paid in full at time of visit

_____ I have reviewed DERMWELLESLEY Notice of privacy standards issued by the United States Department of Health and Human Services, pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I hereby consent to DERMWELLESLEY, LLC, using and disclosing my protected health care information for the purposes of treatment, billing, and health care operations.

DERMWELLESLEY, LLC has reserved the right to change the Privacy Notice at any time. You may obtain a current copy of the Privacy Notice by contacting the office.

All reasonable efforts will be made to protect the privacy of patient health information, whether it is maintained on paper or electronically, and regardless of how it is communicated, for example, by e-mail or facsimile mail.

SIGNATURE: _____ DATE: _____