DERMWELLESLEY

PATIENT FORMS | UPDATED JANUARY 2025

COSMETIC INTAKE FORM

NAME: _____ **DOB:** _____

ADDRESS: _____

EMAIL: _____ **PHONE:** _____

How Did You Hear About Us? _____

What Services Are You Looking to Discuss/Have Done Today?

- ☐ Skin Care Advice
- ☐ Fine Lines & Wrinkles/Aging
- ☐ Skin Texture
- ☐ Botox
- ☐ Cosmetic Fillers
- ☐ Age Spots/Uneven Pigmentation
- ☐ Acne Scars
- ☐ PRP for Hair Loss
- ☐ Laser Resurfacing/Photorejuvenation
- ☐ Underarm Sweating/Odor
- ☐ Redness/Broken Capillaries
- ☐ Facials
- ☐ Chemical Peels
- ☐ Other: _____

History of Prior Cosmetic Treatments (approximate date):

_____

_____

Please List Any Ongoing Medial Problems, and If You are Pregnant/Breastfeeding/Trying to Conceive:

_____

_____

Current Medications/Allergies:

Prescriptions: _____

Over the Counter: _____

Allergies: _____

PLEASE READ AND INITIAL:

_____ I have reviewed the cancellation, late-cancellation, no-show, and card-on-file policies on the website

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