



6252 East Grant Road Suite 100

Tucson, AZ 85712

(520) 3COSMED (326-7633)

## Patient Registration Form

Patient's Full Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Preferred Phone Number: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Their Phone: ( ) \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Occupation: \_\_\_\_\_

Reason for Consultation: \_\_\_\_\_

Who should we thank for referring you? \_\_\_\_\_

Welcome, and thank you for choosing Oasis CosMedic Clinic. Please complete the following questionnaire. The answers you provide will better enable us to care for you and your aesthetic needs.

**MEDICAL HISTORY:** Please circle the appropriate response.

- YES    NO    Heart Disease: Angina, High Blood Pressure, Murmur, Pacemaker, Poor Circulation
- YES    NO    Lung Disease: Asthma, Emphysema, Sleep Apnea
- YES    NO    Neurologic Disease: Stroke, Seizure
- YES    NO    Neuromuscular Disease: Multiple Sclerosis, Myasthenia Gravis
- YES    NO    Liver Disease
- YES    NO    Kidney Disease
- YES    NO    Diabetes or Hypoglycemia
- YES    NO    Thyroid Disease
- YES    NO    Gastrointestinal Disease
- YES    NO    Cancer
- YES    NO    Autoimmune Disease: Lupus, Rheumatoid Arthritis
- YES    NO    Bleeding Disorder or Blood Clots
- YES    NO    GYN Issues: Polycystic Ovarian Syndrome
- YES    NO    Pregnant or Breast Feeding
- YES    NO    Skin Disease: Psoriasis, Eczema, Rosacea
- YES    NO    Infectious Disease: Herpes, Cold Sores, HIV/AIDS
- YES    NO    Tobacco, Alcohol, or Recreational Drug Use

**CURRENT MEDICATIONS (Including herbs, vitamins, supplements, minerals, and homeopathic remedies)**  
**Include Name and Dosage:**

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ALLERGIES (Please list all allergies including topical and oral medications, preparations, and foods):

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Are you allergic to Latex?      Yes      No

PREVIOUS SURGERIES AND PROCEDURES:

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Any problems with Anesthesia? (If yes, please explain):    Yes    No

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**AESTHETIC HISTORY**

LASER AND LIGHT BASED THERAPY (Please Circle the Appropriate Response):

- |     |    |   |
|-----|----|---|
| Yes | No | Previous Laser Hair Removal                                       |
| Yes | No | Recent Sun Exposure or Tanning                                    |
| Yes | No | Currently Using Self-Tanning Lotions or Treatments                |
| Yes | No | History of Hyperpigmentation (darkening of the skin) After Injury |
| Yes | No | History of Hypopigmentation (lightening of the skin) After Injury |
| Yes | No | Formation of Keloid scars (thick raised scarring) After Injury    |

What hair removal methods have you used in the past six weeks? (Please circle all that apply):

Shaving      Waxing      Electrolysis      Tweezing      Chemical Depilatories

Have you had previous laser skin therapy? (Laser resurfacing or Fraxel, IPL-intense pulse light or Photofacial, radiofrequency, infrared, Thermage, or other modalities): Yes No

Skincare (Please Circle the Appropriate Response):

Have you ever used Accutane (Acne Treatment Drug)? Yes No

- If yes, when was your last dose? \_\_\_\_\_

Are you currently using any topical medications? (Including Retin-A or Tazorac): Yes No

What products are you currently using? \_\_\_\_\_  
\_\_\_\_\_

Do you use sun protection (SPF, hats, etc.) on a daily basis? \_\_\_\_\_  
\_\_\_\_\_

Are you satisfied with your current skincare regimen? \_\_\_\_\_  
\_\_\_\_\_

Injectables (Please Circle the Appropriate Response):

Have you had previous Botox or Dysport injections? Yes No

Have you had previous collagen or dermal filler injections? Yes No

Please Circle all services that you are interested in:

- |                              |                                |
|------------------------------|--------------------------------|
| Visia Complexion Analysis    | Skin Care Advice/Products      |
| Fractional Laser Resurfacing | Sun Damage/Age Spot Correction |
| Skin Rejuvenation            | Laser Hair Removal             |
| Botox Cosmetic or Dysport    | Microdermabrasion              |
| Dermal or Wrinkle Fillers    | Chemical Peels                 |
| Spider Vein Treatment        | Acne Treatment                 |
| Facials                      | Waxing                         |
| Eyelash Extensions/Tinting   | Permanent Make Up              |
| Make Up Application          | Massage Services               |

Fitzpatrick Skin Type Classification (Please Circle Appropriate Response):

**Type I:** Always burns easily, never tans; extremely sun sensitive; red hair, freckles; Celtic, Irish or Scottish decent.

**Type II:** Always burns easily, tans minimally; very sensitive skin; fair hair, fair skin, blue eyes; Caucasian descent.

**Type III:** Sometimes burns, tans gradually; average skin.

**Type IV:** Burns minimally, always tans to moderate brown; minimally sun sensitive; Mediterranean, Middle Eastern, Asian descent.

**Type V:** Rarely burns, tans well; sun insensitive skin; Middle Eastern, some Hispanic, and some African American descent.

**Type VI:** Never burns, deeply pigmented; sun insensitive; African American descent.

**Thank you for your time!**

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Staff Review:** \_\_\_\_\_