



6296 East Grant Road Suite 130
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: _____

How did you hear about us? _____

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, Erythema Ab Igne
- 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:

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

Are you allergic to Latex? Yes No

PREVIOUS SURGERIES AND PROCEDURES:

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

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? (IPL-intense pulsed 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, Dysport, or Xeomin injections? Yes No

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

Please circle all services that you are interested in:

- | | |
|---------------------------------|-------------------------|
| Active FX Facial Resurfacing | Instalift |
| Ultherapy Skin Tightening | CoolSculpting |
| Microdermabrasion | Rejuvagen Microneedling |
| Dermal Fillers | Skin Analysis & Advice |
| BOTOX Cosmetic or Dysport | Skincare Products |
| Sun Damage/ Age Spot Correction | Customized Facials |
| Laser Hair Removal | Chemical Peels |

Fitzpatrick Skin Classification (Please Circle Appropriate Response):

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

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, Caucasian, 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: _____