

## Integrated Dermatology of East Boca, LLC. Cosmetic Intake Form

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

What services are you interested in learning about during your consultation?

(Please check all that apply)

- ☐ Skin Care Advise
- ☐ Skin Care Products
- ☐ Botox/Dysport
- ☐ Restylane/Juvederm/Perlane/Radiesse/Belotero
- ☐ Facial Lines/Wrinkles
- ☐ Sun Spots
- ☐ Broken Blood Vessels/Blotchy Skin
- ☐ Body Contouring
- ☐ Hair Removal
- ☐ Acne Scars
- ☐ Lengthening Eyelashes
- ☐ Laser
- ☐ Leg Veins
- ☐ Facial Veins
- ☐ Omnilux Light Treatment For: Acne, Rosacea or Sun damage
- ☐ Other (please explain) \_\_\_\_\_

What is your current skin care regimen? \_\_\_\_\_  
\_\_\_\_\_

Is it okay to email you about upcoming office cosmetic promotions and events (your email will not be shared with any outside parties)? ☐ **Yes** ☐ **No**

Are you currently pregnant and/or breast feeding? ☐ **Yes** ☐ **No**

Do you take any of the following medications: Coumadin, Plavix, Pradaxa, Aspirin, or other medications that increase your risk for bleeding?

☐ **Yes** If yes, which one? \_\_\_\_\_

☐ **No**

Do you have a history of keloid type scarring? ☐ **Yes** ☐ **No**

Have you ever had any cosmetic procedures performed? ☐ **Yes** ☐ **No**

If yes, what type: \_\_\_\_\_

If yes, were you happy with the outcome? ☐ **Yes** ☐ **No**

Would you be interested in seeing our aesthetician to further discuss skin care services offered such as microdermabrasion, facials, peels, blackhead treatment, etc? ☐ **Yes** ☐ **No**