



DERMATOLOGY & AESTHETICS  
**Cosmetic Patient Intake Form**

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male \_\_\_\_ Female \_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Okay to leave detailed messages on voicemail? (Please circle) Yes No

☐ I give my consent to receive messages on my cell phone via text for appointment reminders. These messages may contain office promotions.

☐ I decline cell phone text messages

Would you like to receive emails about office specials/promotions? (Please circle) Yes No

☐ I give my consent for Fox Dermatology and Aesthetics to communicate with me via email regarding my care

☐ I decline email communication

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Okay to discuss my health or billing information with:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

☐ Do not discuss my information with anyone

How did you hear about us? (Please check all that apply) \_\_\_\_Instagram Account

\_\_\_\_Friend/Family: \_\_\_\_\_ \_\_\_\_Yelp \_\_\_\_Google \_\_\_\_Facebook

\_\_\_\_Dermatologist Other: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

What is your current daily skin care regimen?

\_\_\_\_\_  
\_\_\_\_\_



## DERMATOLOGY & AESTHETICS

### Health History

Previous Procedures: Which of the following have you had in the past? (Please check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Neurotoxins (i.e. Botox, Dysport)                           | <input type="checkbox"/> Microneedling              |
| <input type="checkbox"/> Injectable Fillers (i.e. Juvederm, Restylane)               | <input type="checkbox"/> Sculptra                   |
| <input type="checkbox"/> RF Microneedling (i.e. Vivace, Morpheus8, Scarlet, Sylfirm) | <input type="checkbox"/> PDO Threads                |
| <input type="checkbox"/> Moxi or Clear + Brilliant lasers                            | <input type="checkbox"/> Facials                    |
| <input type="checkbox"/> Laser Resurfacing (i.e. Halo, Fraxel, CO2)                  | <input type="checkbox"/> Dermaplane                 |
| <input type="checkbox"/> BBL, IPL, or Photofacial                                    | <input type="checkbox"/> Hydrafacial or DiamondGlow |
| <input type="checkbox"/> Permanent Makeup or Microblading                            | <input type="checkbox"/> Chemical Peels             |

☐ Facial Cosmetic Surgery: \_\_\_\_\_

Current Medications: (Including topical medications like Retin-A, tretinoin, etc.)

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Allergies: (Including latex, medications, food, etc.)

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Are you pregnant? Y N      Are you nursing? Y N      Are you planning on becoming pregnant? Y N

Are you currently taking ACCUTANE, or have you taken Accutane in the last 6 months? Y N

Do you use tanning beds? Y N      Do you wear sunscreen DAILY? Y N      Do you smoke? Y N

Any Dental work/cleaning in the last 2 weeks, or an upcoming appointment in the next 2 weeks? Y N

Any flights within the next 72 hours? Y N

Past Personal Medical History: (Please check all that apply)

- ☐ Autoimmune Disease ☐ IUD (current) ☐ Lyme Disease ☐ Hyperthyroid ☐ Diabetes ☐ Lupus  
☐ Hypothyroid ☐ Fibromyalgia ☐ Metal Implants or Plates ☐ Blood Clots, Bleeding Disorders ☐ Heart  
Disease ☐ PCOS ☐ Cancer ☐ Hepatitis B or C ☐ Seizures ☐ Cold Sores (ever, even years ago)  
☐ Hormone Therapy ☐ Stroke ☐ Connective Tissue Disorder ☐ High Blood Pressure ☐ Hysterectomy  
☐ HIV/AIDS ☐ Cochlear implant, Pacemaker, Defibrillator, or any other electrical devices

Other:

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## DERMATOLOGY & AESTHETICS

Past Personal Skin History: (Please check all that apply)

☐ Undiagnosed Skin Lesions ☐ Lupus ☐ Keloid Scars ☐ Psoriasis ☐ Actinic Keratosis (pre-cancer)  
☐ Melasma/"pregnancy mask" ☐ Shingles ☐ Eczema ☐ Pigment Disorder (i.e. Vitiligo) ☐ Rosacea  
☐ Skin Cancer – circle all that apply: Melanoma    Basal Cell Carcinoma    Squamous Cell Carcinoma  
☐ History of cold sores/Fever Blisters/Herpes Simplex

Previous Surgeries: \_\_\_\_\_

\_\_\_\_\_

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