

Oklahoma SkinCare

Patient Information Sheet

Patient Information:

Patient Name: _____ Sex M F
Race: _____ Date of Birth: _____ Age: _____
Email Address: _____ Occupation: _____
Address: _____ City: _____ State: _____
Zip: _____ Home Phone: _____ Cell: _____

How did you hear about us?

Groupon Internet Website Facebook Physician Referral Friend or Family member Other

Patient - Name of Patient: _____

Medical Information:

Allergies (drug and Food): _____

Please list current medications or Vitamins (include over the counter):

Are You: Pregnant Trying to get pregnant Breast Feeding N/A

Have you ever been treated for: Acne Skin Cancer Cold Sores Skin Disorder AIDS HIV

Hepatitis (A) (B) or (C) Diabetes

Do you have/ have you ever had any of the following: Bleeding Disorder

History of Keloid Scarring Bruise easily History of cold sores Photoallergy

Pacemaker/Defibrillator Accutane (past 6 months) Skin Cancer Dermatological Condition

Endocrine/Hormonal Disorder Pigmentation Disorders

Treatment Inquiries:

Are you interested in any of the following services: Latisse Botox Fillers Non-surgical face lift

Laser Hair Reduction Laser Tattoo Removal Fractional Laser (wrinkles,hyperpigmentation)

On which area would you like treatment: Face Neck Chest Arms Legs Other

Have you had any of these treatments (or other non-surgical treatment) previously: Yes No

If yes, Please

List: _____

When looking in the mirror what are your greatest concerns that you would like to see improved, please list in order:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

How much downtime and/or time off of work can you devote to your recovery?

None 1-2 Days 3-5 Days 5-7 Days

By signing this I agree that the answers given are correct to my knowledge, for these may change my options of treatment and/or expected outcomes. It is also up to me as the patient to inform my Physician/Clinician of any new changes in condition, treatments, or medications.

Patient Signature

Date

Witness

**The Varicose Vein Clinic Of Oklahoma
&
Oklahoma SkinCare**

NO SHOW/CANCELATION POLICY

In an effort to provide the most flexible scheduling, ensure the best experience for all of our patients, as well as the fact that some of our schedules are booked 6-8 weeks in advance, it has become necessary to institute a “No Show/Cancellation” Policy.

Effective April 1st 2008, any canceled or missed appointment without at least a 24 hour notice will result in a \$50 cancellation/rescheduling fee, which must be paid prior to rescheduling the appointment.

Our staff will make every effort to give you a courtesy call 24-48 hours prior to your scheduled appointment, but it is your responsibility to keep the appointment or give us at least 24 hours advance notice if you need to reschedule or cancel.

By signing below, you state that you are aware of the charge should you be unable to provide the 24hr notice before canceling or rescheduling your appointment.

Thank you for your consideration

Patient Signature

Date