DAVID STEPHENS MD
PLASTIC SURGERY | AESTHETICS

Date _____

MEDICAL-*SPA*
PATIENT INTAKE FORM

Last Name	First Name	Middle Initial

Occupation	Email Address

Whom may we thank for your referral?

What concerns do you have about your skin?

In the past 30 days, please list **all** the professional skin or dermatology services you have received (ie: Botox, laser treatments, glycolic or chemical peels, micro-dermabrasion, etc):

Please list all the skincare products you are currently using:

Cleanser _____ Serum _____

Toner _____ Sun Screen _____

Exfoliants _____ Eye Cream _____

Moisturizer (Day) _____ AHA/BHA _____

Moisturizer (Night) _____ Retinols _____

Other _____

Are you or have you been under a Dermatologist's care? Yes ☐ No ☐

If yes, please explain: _____

_____

Are you currently taking or using any of the following perscriptions? check all the apply:

☐ Accutane ☐ Differin ☐ Retin A, Renova, Kinerase
☐ Tazorac ☐ Trentonin ☐ Antibiotics

Are you taking antibiotics? Yes ☐ No ☐ If yes, please list and indicate if it is *topical* or *oral*:

Please list **all** other prescription medications and supplements you are taking:

Have you ever had a negative reaction to a cosmetic procedure, product or ingredient? Yes ☐ No ☐
If yes, please explain

Have any of the below conditions affected your health currently or in the past? check all that apply

☐ Wear contact lenses
☐ Herpes Virus (cold sores)
☐ Skin Cancer
☐ Thyroid Disorder (over or under active)
☐ Diabetes
☐ Allergies
☐ Neuromuscular Condition
☐ HIV
☐ COVID-19
☐ Pregnant-due date
☐ Hormone Therapy
☐ High/Low Blood Pressure
☐ Heart Condition/Pacemaker
☐ Latex Allergy
☐ Epilepsy/Seizures
☐ Hepatitis: Type
☐ MRSA
☐ Surgeries-please list

Do you have any other medical conditions and/or infectious, contagious or communicable diseases that your Esthetician should be aware of before your receive your treatment today? Yes ☐ No ☐
If yes, please describe:

Have you ever had a sunburn? Yes ☐ No ☐ If yes, how serious?
Have you had recent exposure to the sun or used a tanning bed? Yes ☐ No ☐
Are there any other aesthetic services you would like to know more about?

Waiver: I understand and acknowledge there are risks involved when undergoing medical-grade aesthetic treatments including laser treatments, chemical peels, microneedling, dermaplaning, laser-hair removal, etc. I have had the opportunity to ask questions regarding these risks and other possible complications. I understand any false or misleading information I have provided may lead to undesired results and complications and hereby waive David Stephens, MD, Plastic Surgery | Aesthetics, of any liability if such results or complications occure. I further understand my failure to follow post care instructions may also lead to undersired results, complications or effects and hereby waive David Stephens, MD, Plastic Surgery | Aesthetics, of any liability if such results or complications occur. I agree and assume the risk and responsibility for any and all injuries, losses or damages which might occur to me while undergoing this procedure or side effects I may experience after the procedure is performed.

Signature Printed Name Date

Signature of Parent/Guardian if under 18 Printed Name Date