

BLUME

SKIN & BODY

CONSULT INTAKE FORM

Name _____ DOB ____/____/____ Today's date: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Home Phone _____ Cell _____ Work _____
 E-mail _____ *How did you hear about us?* _____

MEDICATIONS:

Are you using any of the following medications? (i.e. vitamins, fish oils, topical pain creams, lotions, oral antibiotics for acne, anti-aging or hyperpigmentation?)

(Please list): _____

Do you take any anti-coagulant (blood thinning) or anti-inflammatory (Advil, etc.) medication? ____ Yes ____ No

Are you taking Chemotherapy or immunosuppressant medications? ____ Yes ____ No (List): _____

Please list any allergies to food or medications: _____

Skin History	Yes	No		Skin History	Yes	No
Do you tan your skin				Do you have Keloid Scarring		
Do you currently use self-tanning products				Do you have/get cold sores		
History of Skin Cancer				History of Seizures		
History of any type of Cancer				Skin Concerns		

Medical History:

Do you have a current medical diagnosis you are under treatment for? ____ Yes ____ No (List) _____

Have you had any facial surgeries or nerve damage to your face? ____ Yes ____ No (If Yes:) _____

Do you have a difficult time healing? ____ Yes ____ No

Do you have an active infection of any kind? ____ Yes ____ No

Do you have any neuromuscular or autoimmune disease? ____ Yes ____ No

Do you have a pacemaker or heart defibrillator? ____ Yes ____ No

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LAST TWO WEEKS:	Yes	No
Any vaccines in the last two weeks?		
Any dental work/visits in the last two weeks?		
Have you taken antibiotics in the last two weeks?		
Have you taken steroids in the last two weeks?		

Are you pregnant or trying to become pregnant? ___ Yes ___ No

Have you ever had any of the following injectables or implants?

___ Botox: Last treatment date: _____

___ Facial Filler: Last treatment date: _____

___ Collagen Stimulators: Last treatment date: _____

___ Implants (Breast, Buttock, Chin or Facial Implants) Last treatment date: _____

Cancellation Policy:

There will be a \$50.00 fee charged to your account if you fail to provide notice of cancellation **at least 48 hours in advance of your scheduled appointment.**

(After two no-show appointments or two appointments cancelled with less than 48 hours notice you will be discharged from the practice)

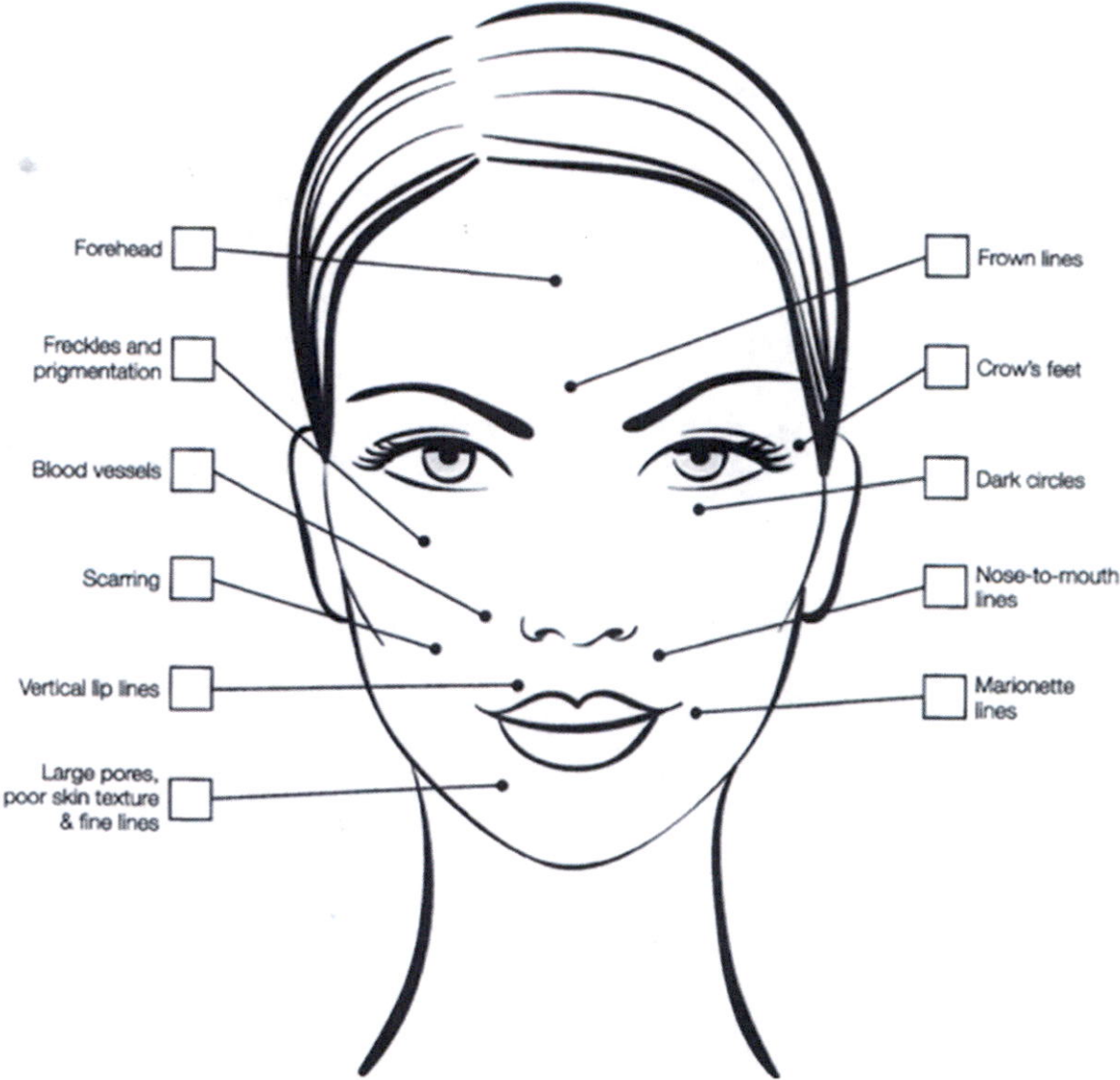
PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

With my consent, Blume Skin & Body may use and disclose protected health information (PHI) about me to carry out treatment, payment, and healthcare operations (TPO). With my consent, Blume Skin & Body may call my home or other designated location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. With my consent, Blume Skin & Body may e-mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that Blume Skin & Body restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement. By signing this form, I am consenting to Blume Skin & Body use and disclosure of my PHI to carry out TPO. I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, Blume Skin & Body may decline to provide treatment to me. I also acknowledge the cancellation and no-show policy for Blume Skin & Body.

Patient's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

With respect to the signs of aging, please highlight those areas of the face that bother or trouble you.



Procedure _____

DOS _____ Patient ID _____

Identifiable Photos

The undersigned hereby authorizes using quotes, testimonials, photos (before and after) for use on special events hosted by Blume Skin Centre, Company Website, Company social media sites (FACEBOOK), email marketing, training, public relations, business development and sales. This will not preclude identifiable photos. This document authorizes use of all of the above for the undersigned's name.

PRINT NAME:

SIGNATURE:

WITNESS:

DATE:

Non-Identifiable Photos

The undersigned hereby authorizes using quotes, testimonials, photos (before and after) for use on special events hosted by Blume Skin Centre, Company Website, Company social media sites (FACEBOOK), email marketing, training, public relations, business development and sales. I allow my images to be used, but I do not want my image to be identifiable. This document authorizes use of all of the above for the undersigned's name.

PRINT NAME:

SIGNATURE:

WITNESS:

DATE:
