



## Patient Intake Form

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

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

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

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

\_\_\_ I give permission to Allure Skin and Laser to send me occasional email newsletters and promotions.

How did you hear about us? (Please fill in account name or check)

Instagram Account: \_\_\_\_\_ Friend/Family: \_\_\_\_\_

Google: \_\_\_ Facebook : \_\_\_ Other (list): \_\_\_\_\_

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

What is your current daily skin care regimen?

AM: \_\_\_\_\_ PM: \_\_\_\_\_

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

- |  |   |
|--|---|
| <input type="checkbox"/> Botox   | <input type="checkbox"/> Tattoo Removal                     |
| <input type="checkbox"/> Jeuneau   | <input type="checkbox"/> Laser Hair Removal (Location_____) |
| <input type="checkbox"/> Injectable Fillers (ie Juvederm, Vollure, Voluma etc) | <input type="checkbox"/> Permanent Makeup or Microblading   |
| <input type="checkbox"/> Facials   | <input type="checkbox"/> Laser/Skin Resurfacing             |
| <input type="checkbox"/> Microdermabrasion                                     | <input type="checkbox"/> Photofacial/ IPL                   |
| <input type="checkbox"/> Chemical Peels  | <input type="checkbox"/> Skin Tightening                    |
| <input type="checkbox"/> Microneedling   | <input type="checkbox"/> Waxing or Threading                |
| <input type="checkbox"/> Microneedling with PRP                                | <input type="checkbox"/> Ultherapy                          |
| <input type="checkbox"/> Cellulite Reduction/ Body Contouring                  |   |
| <input type="checkbox"/> Electrolysis  |   |
| <input type="checkbox"/> Facial Cosmetic Surgery: _____                        |   |