



9233 Park Meadows Drive
Lone Tree, CO 80124

Hair & Vein Removal • Sun Spot Removal • Restylane • Botox • Skin Care •

Name Last First Today's Date Mo Day Yr
Address: Birthdate Mo Day Yr
City: State: ZIP:

Best phone number to contact you regarding your treatment and where we may leave a message:

Home Phone:() Cell Phone:() Work Phone:()

VIP E-mail How did you hear about us?

Primary Care Physician PCP Phone Number

Please tell us your main concerns that brought you to our office today:

This information is necessary for your procedure. Please answer yes or no to the following questions:

YES NO

- Are you using any prescribed medications? List
Are you using any Herbal medications? List
Do you take oral anti-coagulant (blood thinning) medication? List
Are you allergic to any cosmetic ingredients, medications or foods? List
Are you pregnant or trying to become pregnant?
Do you use oral contraceptives?
Do you use hormone replacement therapy?
Do you smoke? How much? How long?
Do you spend a lot of time outdoors or use a tanning bed often?
Do you have any tattoos or permanent makeup?

Please check any health problems, past or present:

- Seizures Liver disease Skin cancer (Type:)
Hormonal Problems Diabetes Cystic Acne Thyroid Cancer
High Blood Pressure Heart problems Collagen (Lupus, Sarcoidosis Hepatitis
Vasovagal Syncope PCOS Autoimmune (lupus, scleroderma) Asthma
Other:

Do you have any of the following chronic skin disorders?

- Psoriasis Dermatitis Eczema Keloid Scarring
Fever Blisters Cold Sores Sun Blisters Herpes Simplex/Blisters