Choice Aesthetics MedSpa
Phone: 623.434.5748 Online: www.choicemedicalwalkin.com
Anthem Office - 3624 W. Anthem Way, Suite C-122, Anthem, AZ 85086
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Choice Aesthetics
Med Spa

PATIENT INTAKE FORM

Patient Name: ______________________________ Date: ______________

DOB: ______________ Gender: ______________ Marital Status: __________

Address: ____

City: ______________________________ State: ______ Zip Code: ________

Phone Number {Cell}: ____________ {H}: ______________ {W}: ______________

Email: ____

Emergency Contact: ______________________ Phone Number: ______________

How did you hear about us? ____

What is your main concern you would like to have addressed?

____

Where: ____

Have you ever had any of the following condition? (Check all that apply)

___ AIDS/HIV
___ Cancer
___ Epilepsy
___ High Blood Pressure
___ Self-Tanner
___ Blood diseases
___ Diabetes
___ Melanoma
___ Seizure Disorders
___ Other: ____________
___ Bleeding/Clotting problems
___ Drug or alcoholism
___ Heart Disease/Pacemaker
___ History of Keloid Scarring

Please explain if checked or not listed above:

____

____

Please list any medications you are currently take (Please included any over the counter medications):

____

____

Please list any allergies (Please included any medications, cosmetic products, etc):

____

____

Have you ever had or/are currently using? (Check all that apply)

___ Retin-A, Renova, any Retinoic Acid For how long? ______________________
___ Accutane For how long? ______________________
___ Prescription acne medication For how long? ______________________
___ Birth control pllls/patches For how long? ______________________

Do you use any oral/topical antibiotics? If so, which one(s) and for how long?

____

Do you smoke? ___Yes ___No If yes, how long and how much? __________

Are you or could you be pregnant? ___Yes ___No

Are you planning on being pregnant? ___Yes ___No

Are you currently breastfeeding? ___Yes ___No

Do you spend a lot of time outdoors? ___Yes ___No

Do you currently wear SPF? ___Yes ___No ___Sometimes

Do you tan outdoors or use tanning beds/tanning lotions? ___Yes ___No ___Sometimes

Have you tanned in the past 2 weeks? ___Yes ___No

Have you ever had electrolysis, waxing, or laser hair removal? ___Yes ___No

If so, how long ago? _____________

Were you pleased with you results? ___Yes ___No

Have you had any of the following procedures? {Check all that applies)

___ Chemical Peels ___ Microdermabrasion ___ Dermal Planning
___ Botox/Dermal Filler ___ Tattoo/Permanent Makeup ___ Facial Surgery