

CLIENT INFORMATION FORM

Please Print

Date _____

Patient Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Phone (Home) _____ (Cell) _____ (Work) _____

Email _____ Preferred Method of Contact _____

May we have permission to leave appointment or medical information on your voicemail? Yes No

Who referred you? _____ Phone _____

Emergency Contact Name _____ Phone _____ Relationship _____

Primary Care Physician _____ Phone _____

Preferred Pharmacy _____ Address _____ Phone _____

PERSONAL HISTORY

Are you a patient in Dr. Jeff Alexander's Dermatology clinic? Yes No

If so, who do you currently see? Jeff Alexander, M.D. Ashley Biggs, PA-C Autum Caldwell, PA-C

List health problems: _____

Have you ever been diagnosed with a blood borne illness (example: HIV, Hepatitis)? Yes No

Please describe: _____

Do you have dry, oily or sensitive skin? _____

List all allergies/skin sensitivities: _____

Please list all medications you are currently taking including over the counter, herbal and vitamins:

List all topical prescription medications:
 (Including Retin-A, Hydroquinone, Benzoyl Peroxide, Antibiotics, Metrogel, Efudex, Cortisone, etc.)

Have you ever taken Accutane? Yes No

Dosage/Frequency/Dates used: _____

Have you ever had a "Cold Sore?" Yes No Date of last cold sore _____

Do you smoke? Yes No Former smoker? Yes No

For Women Only

Are you trying to become pregnant? Yes No

Are you pregnant or lactating? Yes No

Have you ever been told you have Melasma or pregnancy mask? Yes No

Patient Name _____

SKIN PRODUCT HISTORY

List all skincare products currently using:

How often do you wear sunscreen when outdoors? _____

SKIN PROCEDURE HISTORY

What cosmetic procedures have you done in the past 10 years?

Have you ever had a skin cancer removed? Yes No

Results? _____

Have you ever had Keloid scarring? Yes No

If yes, explain: _____

Have you been treated with: BOTOX Fillers Date _____

Have you ever used tanning beds? Yes No Date _____

Fitzpatrick Scale (How your skin reacts to sun exposure) How do you tan?

I Always burns, never tans II Burns easily, tans poorly III Tans after initial burn

IV Burns minimally, tans easily V Rarely burns, tans darkly easily VI Always tans darkly

What is your ethnicity and race (heritage)? Caucasian African American Asian Other

Is your skin pigmentation (skin discoloration)? Even Uneven Birthmark(s) Pregnancy Mask

WHAT PRODUCTS OR SERVICES ARE YOU INTERESTED IN?

WHAT SPECIFIC SKIN AREAS DO YOU WANT TO TREAT?

Face Neck Chest Back Other _____

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I may refuse to sign this acknowledgement.

I have received a copy of SKIN CARE INSTITUTE, L.L.C. Notice of Privacy Practices.

Patient Signature _____ Please Print Name _____

Date _____

OFFICE USE ONLY

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

Individual refused to sign Communications barriers prohibited the acknowledgment

An emergency situation prevented us from obtaining acknowledgment Other: _____

I further agree that all information submitted is true, correct and complete as of the date of my signature.

Patient Signature _____ **Date** _____

Technician Signature _____ **Date** _____



medical & wellness spa
SKIN CARE INSTITUTE

Jeff Alexander, M.D. | Medical Director
A LIMITED LIABILITY CORPORATION

CANCELLATION POLICY

At the time of booking, you will be asked to secure your appointment with a major credit card. Your card will not be charged unless the Cancellation Policy is breached. When rescheduling or cancelling an appointment, we ask that you give us advance notice. This allows someone else the opportunity to schedule an appointment in your place. Last-minute cancellations or rescheduled appointments will be charged a service charge (as liquidated damages, not as a penalty) to your credit card on file, or the amount may be deducted from your pre-paid services or gift cards on your account. Booking an appointment is your acceptance of our Cancellation Policy; therefore please be certain you review and agree to the terms below.

- Less than 48 hours notice for Fraxel, Ultherapy or Coolsculpting \$250**
- Less than 24 hours notice for all other treatments \$50**
or Full Treatment Value, whichever is less
- Failure to show without notice for all treatments Full Treatment Value**

These amounts must be paid prior to your next scheduled appointment if we are unable to charge the card on file and/or if you have no pre-paid services or gift cards on your account. If arrival is delayed, we will make every effort to accommodate your full appointment; however, service time may be abbreviated to avoid delays for other guests. Abbreviated treatments are charged full value. If we are not able to perform the treatment in the time left, you will be charged the full treatment value.

Multiple services will be charged independently. For example, if you have a massage and a Botox appointment on the same day, you will be charged the cancellation fee for both.

Please sign below to acknowledge you have read the terms above.

Thank you for choosing the Skin Care Institute. We look forward to serving you.

Sincerely,

Dawn Boardman
Director of Operations

Client Signature

Date

Appointments and cancellations may be made by calling us at 918.494.8300.

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