medical & wellness spa
SKIN CARE INSTITUTE
Jeff Alexander, M.D. | Medical Director
A Limited Liability Corporation
Kelly Medical Building | 6565 South Yale, Suite 110 | Tulsa, Oklahoma 74136 | 918.494.8300

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** _____

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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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