Huntington Women's Health
Aesthetics • Cosmetic Surgery • Gynecology

PATIENT INTAKE FORMS

Name: _____ Date of Birth: _____ Today's Date: _____

Address: _____
(street) (city) (state) (zip code)

Home Phone: _____ Cell Phone: _____

Email: _____ Emergency Contact: _____
(Name) (Phone Number)

CANCELLATION/NO SHOW POLICY:

By signing below, I agree with the office's cancellation/no show policy. This policy states that if I no show or cancel within 24 hours of my appointment, I will have to pay a **$50 fee** and risk losing one treatment from a pre-purchased package. I will receive this fee via _____ (indicate preferred means of receipt). If I don't pay before the due date, I will be sent to collection. If I don't sign below, I won't be able to get treated.

Patient/ Guardian Signature: _____ Date: _____

HIPAA INFORMATION:

Patient information will be kept confidential except as is necessary to provide services or to ensure that all administrative matters related to your care are handled appropriately. Patient filed may be stored in a closed based HIPAA compliant server. And will not contain any coding which identifies a patient's condition or information which is not a matter of public record. The normal course of providing care means that such records may be left, at least temporarily, in administrative areas such as the front office, examination room, etc. Those records will not be available to persons other than office staff. You agree to the normal procedures utilized within the office for the handling of charts, procedure records, protected health information and other documents or information.

Patient/ Guardian Signature: _____ Date: _____

PAYMENT INFORMATION:

All charges are due at the time of service. If surgery is indicated, the patient is responsible for furnishing insurance claim forms to the office prior to surgery. All professional services rendered are charged to the patient. The patient is responsible for all fees. It is customary to pay for services when rendered unless other arrangements have been made in advance.

Patient/ Guardian Signature: _____ Date: _____

GENERAL CONSENTS:

▢ I consent to medical test and procedures in the office as may be deemed necessary for my care.
▢ I consent to receiving information from your practice via ▢E-Mail ▢Text ▢Mail ▢Phone

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PATIENT HEALTH HISTORY FORM

What is your skin care goal?

_____

When you look in the mirror, what bothers you the most?

_____

Do you have any health problems or medical conditions? Please list:

_____

Please list ALL allergies (medication, food, pollen, etc.) you may have and describe your reaction:

_____

Please list ALL medications (prescription, over the counter, creams, skin care, herbs, etc.) you take:

_____

Are you currently using or have you used any of the following medications within the last 6 months?

▢Accutane ▢Retin-A ▢Tretinoin ▢Isotreintoin ▢Tetracycline ▢Griseofulvin ▢Ciprofloxacin
▢Naproxen ▢Amidarone ▢Thiazides

Please check the following:

Complications from any laser or light treatments?	▢ No ▢ Yes
Complications from any cosmetic procedures?	▢ No ▢ Yes
Form thick or raised scars from cuts or burns?	▢ No ▢ Yes
Hyperpigmentation (darkening of the skin)?	▢ No ▢ Yes
Hypopigmentation (lightening of the skin)?	▢ No ▢ Yes
Recent use of self tanning lotion, tanning or sun exposure?	▢ No ▢ Yes
Any active infection?	▢ No ▢ Yes
Are you pregnant?	▢ No ▢ Yes
Any major illness or hospitalization within the last 5 years?	▢ No ▢ Yes
Any alternative medical procedures?	▢ No ▢ Yes

Interest Questionnaire:

- ▢ Botox/ Dysport/Xeomin (crow's feet, forehead, between eyebrows, around mouth)
- ▢ Filler: Juvederm Ultra, Juvederm Ultra Plus, Voluma, all Restylane fillers (lips, cheek, smile lines)
- ▢ Kybella (dissolves fat under chin)
- ▢ Full Body Cosmetic Surgery (breast augmentation, breast reduction, breast lift, tummy tuck + more)
- ▢ Face + Neck Cosmetic Surgery (nose job, upper + lower eyelids, face lift, neck lift, eyebrow lift + more)
- ▢ Laser: hair removal, vein removal, facials, IPL (intense pulsed light)
- ▢ Chemical peels: Illuminize peel, Vitalize peel, Rejuvenize peel, Polish Peel (Only @HWH), Jessner Peel
- ▢ Permanent Makeup: eyebrows, eyeliner, lip liner, microblading
- ▢ Microneedling: acne, scars, stretch marks, anti-aging, hyperpigmentation, hair growth
- ▢ PRP: Protein Rich Plasma treatments: filler, topical, hair growth
- ▢ Skin care: Skin Medica Skin Care Line + Huntington Women's Health Skin Care Line
- ▢ Arnica: Reduces bruising, swelling + Pain from injections $12.99…. Ask the front staff!