

Welcome to Palm Beach Preventive Medicine

Please take a few minutes to provide us with some important information:

Today's Date: ____/____/____

Name: _____
(First) (M.I.) (Last)

DOB: ____/____/____ Age: ____ Gender: M F Married? Yes/No

Home Address: _____
(Street) (City) (State) (Zip Code)

Home Phone: () _____ Cell Phone: () _____

Number to call to confirm appointments? () _____ Best time? ____AM/PM

Employer: _____ Occupation: _____

E-Mail: _____

☺ How did you hear about us?

Please tell us about yourself.

Choose one:

- Skin Type I - Never tans, always burns (fair skin, blonde hair, blue eyes)
- Skin Type II - Occasionally tans, usually burns (fair skin, red hair, green eyes)
- Skin Type III - Often tans, sometimes burns (Medium skin, brown hair, brown eyes)
- Skin Type IV - Always tans, rarely burns (Olive skin, brown/black hair, brown eyes)
- Skin Type V - Always tans, never burns (Olive skin, black hair, dark eyes)
- Skin Type VI - Never burns (Dark skin, black hair, dark eyes)

In order to accurately determine your skin type, please tell us your

race/ethnicity: _____

Procedures:

What procedures are you interested in learning more about today?

- | | |
|----------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Hair Removal | <input type="checkbox"/> Photorejuvenation |
| <input type="checkbox"/> Cellulite Reduction | <input type="checkbox"/> Leg Veins |
| <input type="checkbox"/> Microdermabrasion | <input type="checkbox"/> Body Fat Reduction (mesotherapy) |
| <input type="checkbox"/> Botox® | Hormone Replacement Therapy: |
| <input type="checkbox"/> Restylane® | <input type="checkbox"/> Growth Hormone |
| <input type="checkbox"/> Acne Treatment | <input type="checkbox"/> Testosterone |

Have you ever had cosmetic or aesthetic procedures in the past? Yes/No

If yes, please elaborate, including dates:

Your skin:

How would you describe your skin?

- Normal Sensitive Problematic Aging Sun-damaged

Comments: _____

What skin care line are you currently using?

Cleanser: _____

Moisturizer: _____

Rejuvenator: _____

Are you currently using:

Retinoid or Vitamin A? Yes/No

Alpha Hydroxy Acid? Yes/No

Hydroquinone? Yes/No

Have you ever had a negative reaction to any of these products?

If yes, please explain:

Confidential Medical History:

1. Do you have ANY current or chronic medical illnesses we should know about? Yes/No

Please List: _____

2. Are you currently under a doctor's care?..... Yes/No

If so, for what reason? _____

3. Do you take/use ANY prescriptions, over-the-counter medications, herbal or natural supplements or topicals on a regular or daily basis?..... Yes/No

If so, please list: _____

4. Do you have ANY allergies to medications, foods, latex, or other substances?.. Yes/No

If so, please list: _____

5. (For women) Are you or could you be pregnant?..... Yes/No

6. (For women) Are you nursing or lactating?..... Yes/No

7. Do you have a history of herpes I or II in the area being treated?..... Yes/No

8. Have you taken Accutane[®] in the last 6 months?..... Yes/No

9. Have you taken anticoagulants in the last 6 months?..... Yes/No

10. Do you have any permanent make-up, implants, or tattoos?..... Yes/No

If so, please list locations: _____

11. Have you had any unprotected sun exposure, used tanning creams, or tanning beds in the last 2-4 weeks?..... Yes/No

The information provided above is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Reviewed by: _____ Date: _____

PALM BEACH PREVENTIVE MEDICINE
24-Hour Cancellation/Missed Appointment Policy

We make every effort to accommodate your schedule; in return we ask that you help us by keeping your scheduled appointments. We do not double-book; your appointment time has been reserved especially for you. Therefore, if your appointment needs to be cancelled or rescheduled, our office must be notified at least 24 hours in advance. This will enable us to offer your cancelled time to another patient.

A missed appointment, not cancelled/rescheduled at least 24 hours in advance, will be considered a "no-show." We understand that unscheduled events do arise. However, no-shows will be recorded in your chart, and any patient who misses more than two appointments will be charged a missed appointment fee of \$25 on their third no-show.

We're committed to providing the best treatment to our patients, and we appreciate your understanding in this matter.

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I have been informed about Palm Beach Preventive Medicine's 24 Hour Cancellation/Missed Appointment Policy. I understand that, after two no-shows, I will be charged a \$25 fee for any missed appointment not cancelled at least 24 hours in advance. I understand that I will not be scheduled for further treatment until I have paid any outstanding fees.

Patient signature

Date

CONSENT FOR TREATMENT

To the patient/client; you have the right to be informed about your condition and the recommended treatment so that you can make an informed decision whether or not to undergo the procedure, after knowing the risks and potential complications involved. This disclosure is not meant to alarm you, but is rather an effort to properly inform you so that you may give or withhold your consent for treatment.

I authorize Palm Beach Preventive Medicine to perform cosmetic dermatology treatments on me, including but not limited to Botox[®], Restylane[®], Juvederm[®], Velasmoth[®] Cellulite Reduction, Ultrasonic Facials, Facelift Massage, Chemical Peels, Microdermabrasion, and waxing.

I understand that these procedures are purely elective, that clinical results vary depending on individual factors including medical history, skin type, patient compliance with pre/post treatment instructions, and individual response to treatment. I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible complications. I am fully aware that my condition is of cosmetic concern and that my decision to proceed is based solely on my expressed desire to do so. A series of treatments may be necessary and the fee structure has been explained to me.

I understand that:

- Serious complications are rare, but possible.
- Common side effects include temporary redness and mild "sunburn" like effects that may last a few hours to 3-4 days or longer.
- Pigment changes, including hypopigmentation (lightening of the skin) or hyperpigmentation (darkening of the skin), lasting 1-6 months or longer may occur.
- Freckles may temporarily or permanently disappear in treated areas.
- Other potential risks include crusting, itching, pain, bruising, burns, infection, scabbing, scarring, swelling, and failure to achieve the desired result.
- Lasers/Intense Pulsed Light can cause eye injury and protective eyewear must be worn during treatment.
- Sun or tanning lamp exposure and not adhering to the suggested home care regimen provided to me may increase my chance of complications or undesired results.

Botox[®] is diluted to a very controlled solution and when injected into the muscles with a very thin needle, it is almost painless. You might feel a slight burning sensation while the solution is being injected. Risks of Botox[®] include, but are not limited to, minor temporary droop of eyelid(s) in approximately 2% of injections, this usually lasts 2-3 weeks, occasionally numbness of the forehead lasting up to 2-3 weeks, transient headache, and flu-like symptoms may occur.

I consent to the administration of local anesthesia with a dental block and/or topical lidocaine. I understand this may not be 100% effective, but will reduce the pain.

I acknowledge that the goal of these procedures is the rejuvenation of damaged skin and that realistic results average 50-75% improvement. I acknowledge that the practice of anesthetics is not an exact science and that no specific guarantees can, or have been made concerning the expected result.

I consent to photographs being taken to evaluate treatment effectiveness, for medical education, training, professional publication or sales purposes. No photographs revealing my identity will be used without my written consent. If my identity is not revealed, photographs may be used without my permission.

I confirm that I am not pregnant at this time and that I have not taken Accutane[®] within the last 6 months. I do not have a pacemaker or internal defibrillator. I do not have uncontrolled diabetes.

Before and after treatment instructions have been discussed with me. The procedure, as well as potential benefits, risks, alternatives, limitations, and expected outcomes have been explained to my satisfaction. I understand it is my responsibility to keep Palm Beach Preventive Medicine updated about any new health conditions that may arise during my course of therapy.

I hereby voluntarily consent to the proposed treatment. I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedures.

Patient

Date

Witness

Date