

NEW PATIENT FORM



A E S T H E T I C
D E R M A T O L O G Y

Date: _____

PERSONAL INFORMATION

Name (Please Print)

LAST: _____ FIRST: _____ MIDDLE: _____

TITLE: Ms. Mrs. Mr. Dr. Other: _____ NICKNAME: _____

GENDER: Female Male AGE _____ DATE OF BIRTH: _____/_____/_____

ETHNICITY: _____ WEIGHT: _____

MARITAL STATUS: _____ SPOUSE'S NAME: _____

CONTACT INFORMATION

HOME: _____ or CELL: _____ *(Best number to reach)*

EMAIL: _____

ADDRESS: _____

CITY/ STATE/ ZIP: _____

PREFERRED CONTACT METHOD: HOME CELL EMAIL

I **WOULD** **WOULD NOT** like to receive mail/email from Z Dermatology.

EMERGENCY CONTACT

LAST: _____ FIRST: _____

HOME/CELL: _____ OTHER: _____

RELATIONSHIP: SPOUSE PARENT/GUARDIAN OTHER: _____

ADDRESS (Same as patient's? YES NO):

PREFERRED PHARMACY:

WHAT IS THE NATURE OF YOUR VISIT?

EMPLOYMENT INFORMATION

STATUS: FULL-TIME PART-TIME RETIRED OTHER: _____

OCCUPATION: _____ EMPLOYER: _____

REFERRAL INFORMATION

How did you hear about Z Aesthetic Dermatology? (Check all that apply)

- Friend/Family Member Television Facebook Billboard
 Patient Magazine Other _____
 Staff Member Website

MEDICAL HISTORY

(Female) Are you pregnant? YES NO

Do you have children? YES NO If yes, how many? _____

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

- | | | | |
|--|------------------------------------|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Emphysema | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Problem Scarring |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Liver Trouble | <input type="checkbox"/> Other Conditions Not Listed: |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Stroke | <input type="checkbox"/> Epilepsy/ Seizures | _____ |

Have you ever had surgery? YES NO If yes, please describe: _____

Have you or a blood relative ever had anesthesia complications? YES NO If yes, please describe: _____

Have any blood relatives had any of the following?

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Bleeding Tendency | <input type="checkbox"/> Leukemia | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Repeated Infections | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Chronic Lung Disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Severe Allergies | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Migraines | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Gout | <input type="checkbox"/> Thyroid Trouble | <input type="checkbox"/> Obesity | |

Do you smoke? YES NO If yes, how much? _____

Do you drink? YES NO If yes, how much? _____

Please list any medications, vitamins, or herbal supplements you are taking: _____

Are you allergic to any medications or local anesthesia? YES NO If yes, please describe: _____

Z AESTHETIC DERMATOLOGY POLICY

Our goal is to provide quality medical care in a timely manner. In order to do so we have had to implement an appointment/ cancellation policy. This policy enables us to better utilize available appointments for our patients in need of medical care.

Appointment Deposit Policy: All appointments scheduled at Z Aesthetic Dermatology will require a 50% deposit at the time the appointment is being scheduled. **All balances on procedures are due at the time of service.**

Cancellation of an Appointment: In order to be respectful of the medical needs of Z Aesthetic Dermatology patients and service providers please be courteous and call our offices promptly if you are unable to attend an appointment. If it is necessary to cancel your scheduled appointment, we require that you give 48-hour advance notice. **Appointments are in high demand, and your early cancellation is appreciated.**

How to Cancel Your Appointment: To cancel appointments please call 225-778-7540 for Z Aesthetic Dermatology appointment desk. If you do not reach the receptionist, you may leave a detailed message on the voice mail. If notice needs to be provided during non-office hours, please leave a detailed voicemail including your name, date of birth, phone number and a brief message. **You may not cancel via email or text reminder response.**

Late Cancellations: Late cancellations will be considered a "No Show". **"No Show" will forfeit their deposit for the appointment.**

Photo Use: Z Aesthetic Dermatology has the right to use before-and-after photos, provided that the patient's identity is neither disclosed nor apparent in the image(s). Initial: _____

Gift Cards and Credit on Accounts: All gift cards and credit on accounts expire a year from date of purchase.

I Have Read & Agree with the Z Aesthetic Dermatology Policy

Patient Signature: _____

Date: _____

