



PATIENT INFORMATION

Name: _____ DOB: ____ / ____ / ____ Age: _____ Male: _____ Female: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Cell phone: (____) _____ Home phone: (____) _____
Preferred Method of Contact (Please Circle): Home Phone Cell Phone Text Email
Emergency Contact: _____ Relation: _____ Phone: (____) _____
Profession: _____ Employer: _____ Employer Phone (____) _____
Employer Address: _____

MEDICAL HISTORY INFORMATION

Medications (Please list any medications you are currently taking):

Allergies (Please list any known allergies):

Any Known Illnesses/Diseases/Major Surgeries/Pacemakers/ Other Foreign Bodies:

Other Medical Information:

REFERRALS

How did you hear of SmoothLV (Please Specify)?

** For every referral you send in, you could receive a \$25 gift card to use on products or a future appt.

Payment Plans Available

Please feel free to ask about our payment options.

No-Show and Cancellation Policy

Smooth LV requires a 24 hour notice if you are unable to make your appointment. Courtesy reminder calls will be made 24-48 hours prior to your appointment, giving you time to cancel or change your appointment if needed. **If you do not comply with the 24 hour notice, we will bill you a \$50 fee for the date of service missed.** Any special pricing or package discounts you purchased may be revoked. Payment on this charge is required before making any future appointments.

Patient (or guardian) Signature

Date

Photo Release Consent

I understand that before and after photos may be taken of the treated area. These photos may be used as examples on our website or in our office, with your identity hidden.

I do do not give consent to take / use these photos.

Patient (or guardian) Signature

Date

I would like more information on the following:

<input type="checkbox"/> Acne Treatment	<input type="checkbox"/> Facial Redness/ Rosacea	<input type="checkbox"/> Hyperpigmentation (Brown Spots)
<input type="checkbox"/> Facial Wrinkles	<input type="checkbox"/> Thin Lips	<input type="checkbox"/> Drooping Brows/ Eyelids
<input type="checkbox"/> Skin Tightening	<input type="checkbox"/> Eyelash Length/Fullness	<input type="checkbox"/> Mole/ Skin Tag Removal
<input type="checkbox"/> Botox	<input type="checkbox"/> Dermal Fillers	<input type="checkbox"/> Microdermabrasion
<input type="checkbox"/> Facial Rejuvenation	<input type="checkbox"/> Facials	<input type="checkbox"/> Tattoo Removal
<input type="checkbox"/> Chemical Peels	<input type="checkbox"/> Laser Hair Removal	<input type="checkbox"/> Skin Care Advice/ Products
<input type="checkbox"/> Eyebrow Waxing	<input type="checkbox"/> Laser Resurfacing	<input type="checkbox"/> Liposuction
<input type="checkbox"/> Breast Augmentation/Reduction/Lift	<input type="checkbox"/> Tummy Tuck	<input type="checkbox"/> Leg/Spider Vein Reduction
<input type="checkbox"/> Mini Facelift	<input type="checkbox"/> Scar Treatment/ Resurfacing	<input type="checkbox"/> Hormones/Libido Enhancement
<input type="checkbox"/> Facial Vein Treatments	<input type="checkbox"/> Excessive Sweating (Hyperhidrosis)	<input type="checkbox"/>

Skin Typing – Fitzpatrick Skin Typing Chart

Name _____

Date _____

Score	0	1	2	3	4
What is the color of your eyes?	Light Blue, Gray, Green	Blue, Grey, Green	Blue	Dark Brown	Brown, Black
What is your natural hair color?	Red	Blonde	Dirty Blonde, Light Brown	Dark Brown	Black
What is the color of your skin? (unexposed areas?)	Pink	Very Pale	Pale with Slight Tan	Light Brown	Dark Brown
Do you have freckles on unexposed areas?	Many	Several	Few	Incidental	None

Score	0	1	2	3	4
What happens when you stay in the sun too long?	Painful sunburn, Blistering, Peeling	Burn, Blistering, followed by peeling	Burns sometimes, followed by peeling	Rarely burns	Never burns
To what degree do you tan?	Hardly, or not at all	Light tan	Medium tan	Medium tan, tans very easily	Dark tan, tans quickly
Do you turn Brown within several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always
How does your face react to the sun?	Very Sensitive	Sensitive	Normal	Very resistant	Never had a problem

Score	0	1	2	3	4
When did you last expose your body to sun (or artificial sunlamp)?	More than 3 months ago	2-3 Months ago	1-2 months ago	Less than a month ago	Less than two weeks ago
Did you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always

0-7	8-16	17-25	25-30	30+
Type 1	Type 2	Type 3	Type 4	Type 5-6

Type 1: Highly Sensitive, always burns, never tans.

Type 2: Very sun sensitive, burns easily, tans minimally.

Type 3: Sun sensitive skin, sometimes burns, slowly tans to light brown.

Type 4: Minimally sun sensitive, burns minimally, always tans to moderate brown.

Type 5: Sun insensitive skin, rarely burns, tans well.

Type 6: Sun insensitive, never burns, deeply pigmented.

Your Score: _____

For office use only:

Notes: _____

Technican Score: _____