

Aesthetic Patient Intake Form



I. Contact Information

Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ SSN# _____ - _____ - _____

How did you hear about us? *(Check one)* Pandora • Your Health Magazine • Washingtonian Magazine •

Family/ Friend • _____ Other • _____

II. List your medical conditions:

Medical Condition	Date Diagnosed

III. List past surgeries and dates:

Surgery	Date

IV. List all known allergies and your reaction:

Allergy	Reaction

Patient Name _____ DOB _____

Aesthetic Patient Intake Form



Current and Past Health History *(Check all that apply)*

Bones & Joints	✓
Arthritis	
Fracture/broken bone	
Osteoporosis	
Lungs	
Asthma/ Emphysema	
Pneumonia	
Coughing up blood	
Dizziness/ fainting/ fatigue	
Shortness of breath	
Wheezing	
Heart and Circulation	✓
Anemia	
Bleeding or clotting	
Blood transfusion	
Swelling of feet/ ankles	
Chest pain	
Heart attack/ failure	
Pacemaker/ defibrillator	
Heart murmur	
High blood pressure	
Varicose Veins	
Skin	✓
Changes in hair or nails	
Changes in moles	
Tattoo/ permanent makeup	
Dryness/ itching	
Abnormal healing/ scarring	
Psoriasis/ eczema	
Skin disease/ cancerous moles	
Head, Ears, Nose & Throat	✓
Cataracts/ Glaucoma	
Headaches	
Eye pain	
Ear pain/ Ringing	
Hearing loss	
Hoarseness	
Sores in mouth	
Sinus problems	
Nose bleeds	
Nervous System/ Behavior	✓
Head injury/ concussion	
Seizures	
Epilepsy	
Depression	
Anxiety	
Extreme Worry	

Patient Name _____ DOB _____

Aesthetic Patient Intake Form



Trouble sleeping	
Trouble concentrating	
Numbness/ tingling	
Shaking/ tremor	
Memory problems	
Coordination/ balance	
Stomach & Intestine	✓
Abdominal pain	
Bloating	
Blood in stools	
Bowel habit change	
Constipation	
Diarrhea	
Difficulty swallowing	
Heart burn/ Indigestion	
Nausea/ vomiting	
Gallbladder problems	
Stomach Ulcers	
Hepatitis/ Liver Disease	
General	✓
Diabetes	
Abnormal blood sugar	
Disease stimulated by light (i.e. Lupus, epilepsy, etc.)	
Disease stimulated by heat (i.e. Herpes Simplex)	
Fevers	
Impaired immune system	
Night sweats	
Loss of appetite	
Sudden weight loss/ gain	
Other	✓
Cancer (<i>Type:</i> _____)	
AIDS/ Positive HIV	
Thyroid gland/ goiter	
Transplant (<i>Type:</i> _____)	
Tuberculosis/ Positive TB	
*Female Only	✓
Are you pregnant/ nursing	
Vulvar pain/ Lichen Sclerosis	
Painful intercourse	
Irregular periods	
Vaginal dryness	
*Male Only	✓
Genital lesions	
Scrotal Pain	

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Aesthetic Patient Intake Form



In case of Emergency

Name: _____ Cell Phone # _____

Relationship to patient: _____

v. Fitzpatrick Skin Assessment

Skin type is often categorized according to the Fitzpatrick skin type scale which ranges from very fair (skin type I) to very dark (skin type VI).

The three main factors that influence skin type are:

Genetic disposition: Skin type is determined genetically and is one of the many aspects of your overall appearance, which also includes color of eyes, hair, etc.

Reaction to sun exposure: The way your skin reacts to sun exposure is another important factor in correctly assessing your skin type.

Tanning habits: How often do you tan?

1. Genetic Disposition					
Score	0	1	2	3	4
What are the color of your eyes?	Light Blue, Gray or Green	Blue, Gray or Green	Blue	Dark Brown	Brownish Black
What is the natural color of your hair?	Sandy Red	Blond	Chestnut/Dark Blond	Dark Brown	Black
What is the color of your skin (non exposed areas)?	Reddish	Very Pale	Pale with Beige Tint	Light Brown	Dark Brown
Do you have freckles on unexposed areas?	Many	Several	Few	Incidental	none

Patient Name _____ DOB _____

Aesthetic Patient Intake Form



Total Score for Genetic Disposition:

2. Reaction to Sun Exposure

Score	0	1	2	3	4
What happens when you stay in the sun too long?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns sometimes followed by peeling	Rare Burns	Never had Burns
To what degree do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easy	Turn Dark Brown Quickly
How deeply do you tan?	Not at all or very little	Lightly	Moderately	Deeply	Very Deeply
How does your face react to the sun?	Very Sensitive	Sensitive	Normal	Very Resistant	Never had a Problem

Total Score for Reaction to Sun Exposure:

3. Tanning Habits

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 2 weeks ago

Total Score for Tanning Habits:

Add up the total scores for each of the three sections for your Skin Type Score. Then check the skin type description below.

Skin Type Score	Fitzpatrick Skin Type
0-7	I
8-16	II
17-25	III
26-30	IV
over 30	V-VI

Patient Name _____ DOB _____

Aesthetic Patient Intake Form



You may find that you are in the extremes of two types. You may have features from both.

Though everyone is at risk for damage as a result of excessive sun exposure, people with skin types I and II are at the highest risk and are most susceptible to photoaging.

Type I	Always burns, never tans
Type II	Usually burns, then tans
Type III	May burn, tans well
Type IV	Rarely burns, tans well
Type V	Very rarely burns, tans well, brown skin
Type VI	Very rarely burns, tans well, very dark skin

Assignment & Release

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

_____ I authorize my insurance benefit to be paid directly to Dr. Mary C. DuPont. I understand that aesthetic
initial procedures are not typically covered by insurance.

_____ Dr. DuPont may be “out of network” with my insurance carrier, in which case payment is expected at
initial the time services are rendered. I am aware that Dr. DuPont will assist me and provide a claim form to submit to my insurance carrier. However, it is my sole responsibility to submit such claims.

Patient Signature

Date

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