PSS MediSpa
Cosmetic Skin Care Center & Medical Spa

Information Form

❒ New Patient ❒ Update Date _____

Name of Patient _____
Last *First* *Middle*

Home Address _____
Number *Street*

_____
City *State* *Zip Code*

Home Telephone # _____ Cell # _____ Business # _____

Email Address _____ Date of Birth _____

How did you hear about us?_____

Occupation _____

Has patient ever been seen by one of our physicians? ❒ No ❒ Yes

If yes, which one? ❒ Lowe ❒ Strawberry ❒ Buhrer ❒ Laughlin ❒ Spittler

Who is your Primary Care Physician (PCP)? _____ Office Phone _____

Please answer the following questions as they apply to you:

Are you allergic to any medications? ❒ No ❒ Yes _____

Do you have any skin allergies (latex, sulfides, etc.)? ❒ No ❒ Yes _____

Do you smoke? ❒ No ❒ Yes

What medications do you take? _____

Do you have any medical problems? ❒ No ❒ Yes

Are you prone to cold sores? ❒ No ❒ Yes

How would you like to improve your skin? _____

List all of the skin care products that you use (Retin-A, etc.)_____

_____

Do you wax/use depilatories? ❒ No ❒ Yes

Do you have any unwanted facial hair? ❒ No ❒ Yes

Do you use sunscreen? If so, what kind? ❒ No ❒ Yes_____

Choose your skin type:

- ❒ I. Always sunburns, never can tan
- ❒ II. Usually sunburns, can tan slightly with difficulty
- ❒ III. Sometimes sunburns, can tan easily and quickly
- ❒ IV. Rarely sunburns, can tan easily and quickly
- ❒ V. Naturally brown skin, can tan easily and quickly
- ❒ VI. Naturally black skin