MAGNOLIA MEDICAL & Aesthetics

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COSMETIC INTAKE FORM

All bold areas must be completed by adult (18+)

DATE: ___/_____/_____

Legal Name:_____
First: Last: M.I.

Nickname? _____ **Date of Birth**: _____ **Age**: _____ **Gender**: M F

Primary Address:_____**City**:_____ **State**: ____ **Zip**:_____

Primary Phone :(_____)_____Other: (___)_____ **Under 18?** Yes No

Email Address* (appointment confirmation, billing correspondence, advertising): _____@_____. _____
*may opt out of advertising emails via "unsubscribe" upon receipt of email

EMERGENCY CONTACT- Name: _____ Primary Phone: _____

Relationship to patient: _____

How did you hear about us/Referred by? _____

Please circle what you are interested in discussing today (Circle all that apply):

Acne	Dark Circles	Fine Lines/Aging	Microdermabrasion	Skin Care
Acne scarring	Dermaplane	Injectables	Microneedling	Sun Damage
Brown spots	Dry Skin	Laser Hair Removal	Oily Skin	Other_____
Chemical Peels	Fillers	Microblading	Redness on face	_____

*Please circle the areas on the face you would like to discuss/improve.

Medical History (Circle all that apply):

Acne	Eczema/ Psoriasis	Hormone Replacement	Skin Cancer _____
Auto Immune Disorder	Hearing Aid/Contact Lenses	Keloid scarring	_____
Bleeding Disorders	Heart Arrhythmia	Permanent Makeup	Other Conditions_____
Cold Sores/Herpes	Hepatitis B or C	Rosacea	_____
Diabetes	High Blood Pressure	Seizures	

Allergies: _____

Are you allergic to any of the following: Latex Lidocaine Tetracaine

Major Illnesses: _____

Surgical History: _____

Current Medications: _____

Please answer yes/no to the following questions:

1. Are you currently being treated for any medical condition? Yes No

If so, please explain: _____

2. Have you ever received Injectables or Fillers before? Yes No

If so, what type and what area:_____

3. Are you currently pregnant or nursing? Yes No
4. Do you have any skin diseases or infections? Yes No
5. Have you used Accutane in the past 12 months? Yes No
6. Are you currently using Retinoids? Yes No
7. Are you currently on Blood Thinners? Yes No
8. Are you currently using Steroids? Yes No
9. What skin care products are you currently using?

_____

I confirm that the answers I have provided are true and I have not withheld any information that may be relevant to my treatment.

Patient/Guardian Signature_____ _____ Date_____

NOTICE TO PATIENT: THIS PAGE MUST BE FULLY COMPLETED/SIGNED

Physician-Patient Arbitration Agreement (PPAA):

I acknowledge that I have seen and read the PPAA:_____ *Copy available upon request.*
Initials

I acknowledge that I understand and agree to have any issue of medical malpractice decided by natural arbitration and understand my patient rights under the Physician-Patient Arbitration Agreement: _____
Initials

Signed by (print): _____ Date: ___/___/___ Physician/Authorized Office Personnel: Initials_____

Authorization to Contact Patient and Record of Disclosures (HIPAA):

The **HIPAA** privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner (**check all that apply**):

___Okay to give detailed information via Voicemail, Email or Text
___Leave a message with office call back number only via Voicemail, Email or Text

___Other:_____

I authorize the release of protected health information to the individual(s) listed below:

Name:_____Phone: (___) _____ Relationship: _____

Name:_____Phone: (___) _____ Relationship: _____

I understand that I may revoke this authorization at any time by submitting a written request:

_____ _____

Patient/Guardian Signature **Printed Name of Patient/Guardian** **Date** ___/_____/____

I acknowledge that I have seen the Notice of Privacy Practices: _____ *Copy available upon request.*
Initial

I acknowledge that I have read and understand the Office Policies: _____ *Copy available upon request.*
Initial