



1726 Gunbarrel Road Chattanooga, TN 37423 (423) 899.6511

**Patient Information** (please print clearly) **Date:** \_\_\_\_\_ **Arrival Time:** \_\_\_\_\_ **Account #** \_\_\_\_\_

Last Name: \_\_\_\_\_ New Patient  Yes  No  
First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Phone Number: (check preferred contact number)  
DOB: \_\_\_\_\_  Home: \_\_\_\_\_  
Address: \_\_\_\_\_  Mobile: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Gender:  Male  Female  
Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_

**May we call to remind you of your appointments?**  Yes  No  
**May we obtain a picture for your chart?**  Yes  No  
**Received a copy of Privacy Notice?(keep attached)**  Yes  No  
**Understand all charges due at the time of service?**  Yes  No

**Clinical Information**

History of:  Diabetes  Cold Sores  Auto-Immune Disorder  Excessive Bleeding  
 Others please list: \_\_\_\_\_  
Medications:  Accutane  Retin-A  Retinol  
 Blood Thinner (please list): \_\_\_\_\_  
 Any Prescription Topical Treatment (please list): \_\_\_\_\_  
 None  
Pregnant:  Yes  No Nursing:  Yes  No  
Smoker:  Yes  No Alcohol Consumption: \_\_\_\_\_  
Skin Sensitivity: 1 2 3 4 5 6 7 8 9 10  
Have you had a facial before ?  Yes  No If yes list date: \_\_\_\_\_  
Do you burn easily?  Yes  No  
How much UV exposure do you get? \_\_\_\_\_ (sun and/or tanning bed) Most recent exposure was: \_\_\_\_\_  
Any Know Allergies: \_\_\_\_\_  
List any Skin Concerns: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_

**How did you hear about our office?** \_\_\_\_\_

**Patient Signature**