ADVANCED SKIN TECHNOLOGIES

12541 Foster Street, Suite 210
Overland Park KS 66213
913 387-5476
www.AdvancedSkinTechnologies.com

Client Information

Name ___________________________________ Date of Birth ___________ Date _____________

Email ___________________________ Home Phone ______________ Mobile Phone _____________
(Used for promotions and correspondence) *(circle the preferable contact number)*

Address ______________________________ City _________________ State ____ Zip __________

Referred by ____ Phone _____________
(Current client, advertisement, radio, magazine, newspaper, TV, event, etc.)

In case of emergency contact ______________________________________ Phone _____________

Please carefully read and circle the following items that are significant to your medical history:

high blood pressure	contact lenses or dentures	AIDS
osteoporosis	muscle soreness or tension	cardiac or circulatory problems
bruise easily	hepatitis	varicose veins
numbness or stabbing pain	tuberculosis	joint swelling
significant weight loss	broken bones (in the last 2 years)	back pain
bleeding disorder	mental or emotional problems	diabetes
cold sores	arthritis	heart attack
epilepsy or seizures	pregnant	shingles
allergies	headaches	

Do you smoke? Y/N Packs/day___ Years ___

Do you consume alcohol? Y/N How often ______

Pertinent medical history (mother, father, sibling)

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Medications (include over-the-counter) ________

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____

Medical History (surgeries, hospitalizations, major injuries) ________________________________

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Drug/Other Allergies ________________________

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Previous Aesthetic Procedures and Dates ____

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Comments ______________________________

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I hereby give authorization for payment to be made directly to Advanced Skin Technologies and any assisting providers for services rendered. I understand that I am financially responsible for any charges incurred and further agree that this document will become a permanent part of my patient records and chart.

My signature verifies that I have filled out this information to the best of my knowledge, and I have read and accepted the financial policy stated above.

Client signature ____ Date _______________