



Patient Registration

Today's Date _____

Last Name _____ First Name _____ M.I. _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Mobile Phone _____ Work Phone _____

Email _____

Date of Birth _____ Age _____ Sex _____ Driver's License # _____

Name of Spouse _____

If a Minor, Name of Parent or Legal Guardian _____

Emergency Contact _____ Relationship _____

Phone Number _____

How did you hear about us? _____

Check if you would like to receive email updates about offers, events, and other news at TOC Eye & Face and TOC Medical Spa.

I approve pre-treatment and post-treatment photos to be taken for my medical record.

Signature _____

Acknowledgement of Privacy Practices (Please Initial) _____

Payment is expected at the time services are rendered. Thank you.

Patient Health History

Name _____ Date _____

Do you have or have you had any of the following:

- | | | | |
|-------------------------|-----------------------|-----------------------|------------------|
| Blepharoplasty | Eye Surgery or injury | Neurological Diseases | Pregnancy |
| Silicone Injections | Thyroid (Over/Under) | Cancer | Ocular Disorders |
| High/Low blood pressure | Heart problems | Metabolic Disorders | Muscle Disorders |
| Chemotherapy/Radiation | Tumors/growths/cysts | Hepatitis | HIV |

Do you smoke? Yes No

Please list any drug allergies that you have: _____

Please list any major illnesses/chronic conditions: _____

Please list any major hospitalizations: _____

Please list any family history of skin cancer: _____

Please list outdoor activities: _____

How much sun exposure do you get in an average week? _____ Hours

Do you use tanning booths? Yes No Do you use SPF? Yes No If yes, what SPF level? _____

Circle all that apply to your skin (past or present):

- Acne Pimples Broken Capillaries/area: _____ Enlarged Pores

Are you pregnant? Yes No Are you breastfeeding? Yes No

Have you had any facial reconstructive/cosmetic surgery? Yes No

If yes, please specify: _____

Do you get cold sores or fever blisters? Yes No If yes, how often? _____

Have you had facial waxing/electrolysis? Yes No If yes, how long ago? _____

Have you used any of the following? Accutane Retin A Birth Control Pills

If using Accutane: When was your last dose? _____ If using RetinA: How long ago? _____

Strength of RetinA: .1% .05% .025% Renova Tazorac Avage Other: _____

Please list any oral or topical medications/products you are using on a regular basis (include prescription, over the counter, vitamins, natural supplements): _____

Have you seen a dermatologist in the past five years? Yes No

What product(s) do you currently use? Cleanser Toner Moisturizer Scrubs Masques Sunscreen
Sunscreen Brand: _____

How much water do you drink per day? _____ 8 oz. glasses

How many caffeinated beverages do you consume in a day? (coffee, tea, soda, etc.) _____

Who referred you to our practice: _____



Cancellation/No Show Policy

Cancellations

We would like to thank you for choosing TOC Medical Spa. We value our patients and strive to provide the best care possible. Please understand that when we schedule your appointment, we are reserving time for your particular needs. We kindly ask that if you must change an appointment, please give us at least 24 hours' notice. This courtesy makes it possible for us to give your reserved time to another patient. We know that your time is valuable. When an appointment is made, a room is reserved, your records prepared, and special instruments are readied for your visit. If you are unable to keep an appointment, we ask that you cancel at least 24 hours in advance.

Missed Appointments (Non-Cancelled)

We understand that occasional missed appointments can occur for a variety of reasons. We track missed (non-cancelled) appointments. A "no show/late cancellation" is defined as missing an appointment without cancelling at least 24 hours before scheduled time. There will be a \$50 charge for a missed or non-cancelled appointment.

Payment

Payment is due in full at the time of service. No exceptions.

Patient Name

Signature

Date