



## 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 text message appointment reminders. Standard rates may apply.

Check if you would like to receive email updates about offers, events, and other news at TOC Eye & Face and TOC Medical Spa. Follow us on Instagram @TOCMedicalSpa for special updates, giveaways, and more!

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

Signature \_\_\_\_\_

Acknowledgement of Privacy Practices (Please Initial) \_\_\_\_\_



## Patient Health History

Name \_\_\_\_\_ Date \_\_\_\_\_

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

Skin/connective tissue disorder	Eye Surgery or injury	Neurological Diseases	HIV
Bleeding disorder	Thyroid (Over/Under)	Chemotherapy/radiation	Ocular Disorders
High/Low blood pressure	Heart problems	Metabolic Disorders	Muscle Disorders
Cancer	Tumors/growths/cysts	Hepatitis	Silicone injections

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

Have you had the COVID Vaccine?    Yes    No    If so, what is the date of your last vaccine? \_\_\_\_\_

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 currently apply to your skin:

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: \_\_\_\_\_

Have you had any non-surgical cosmetic treatments? For example, Botox, dermal filler, laser, etc.    Yes    No

If yes, please specify: \_\_\_\_\_

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

In the past week have you had any facial treatment including facial waxing/electrolysis/threading/chemical peel, etc.?    Yes    No

Have you used any of the following?    Accutane    Retin A    Retinoid

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

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

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: \_\_\_\_\_



## **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