



DATE:

GENERAL INFORMATION

Name – First: Middle: Last:

Birthdate – Month: Day: Year: Gender:

Preferred pronouns: she/her he/him they/them other (please specify):

Address: City: Province/State:

Postal Code/ Zip Code: Occupation:

Family doctor: Personal Health Number (PHN):

Phone – Home: Work: Cell:

Permission to leave phone message: home work cell please do not leave messages

Email – Personal: Work:

Permission to contact me via email: personal work please do not email me

Preferred method of contact: cell phone home phone work phone email text

View Laser Skin Rejuvenation Newsletter: please subscribe me no thank you

Our monthly email newsletter includes clinic news, event details, patient stories, and promotions exclusive to newsletter recipients. We will never share your contact information.

How did you hear about us? doctor referral our sign event internet search social media

other (please specify):

friend referral - friend's name: May we thank your friend? yes no



MEDICAL HISTORY

Height: Weight: Do you smoke? yes no

If you consume alcohol, approximately how many drinks do you have per week?

Are you: pregnant breastfeeding planning to get pregnant

Please check off any condition for which you have previously been treated:

- arthritis autoimmune disorder blood disorder cancer cold sores diabetes epilepsy
- heart disease hormonal imbalance hypertension keloid scars kidney disease melanoma
- menopause MRSA psoriasis shingles skin pigmentation thyroid disorder
- other (please specify):

Allergies:

Past illnesses:

Past surgeries:

Current medications:

AESTHETIC HISTORY

Have you had a consultation for a cosmetic procedure before? yes no

Please check off all treatments you have previously received:

- Botox cosmetic Botox therapeutic dermal filler(s) permanent filler(s) facial(s)
- microdermabrasion HydraFacial chemical peel(s) Levulan Latisse Accutane
- laser hair reduction non-ablative laser CO₂ ablative laser IPL (photofacial) CoolSculpting
- Belkyra/Kybella Morpheus8 Venus Viva Venus Legacy Platelet-Rich Plasma (PRP)
- Volite + HA skin booster liposuction face lift surgery rhinoplasty (nose) surgery
- other cosmetic surgery - please specify:



Please list the details of your past aesthetic treatments:

- 1) Treatment: Provider: Date:
- 2) Treatment: Provider: Date:
- 3) Treatment: Provider: Date:
- 4) Treatment: Provider: Date:
- 5) Treatment: Provider: Date:

If you run out of space, please add other treatments, providers, and dates to the blank side of the page.

AESTHETIC INTERESTS

How often do you think about wanting a cosmetic procedure? most days weekly monthly rarely

How would you like to look? (please check all that apply) less tired less angry less sad

less saggy contoured younger attractive feminine masculine

Is there a special event in the future where you would like to look your best? yes no

If so, when is it? (date)

SKIN CARE

How would you rate the quality of your skin? poor fair good very good excellent

If you could improve an aspect of your skin, what would it be? hydration thickness elasticity

colour sensitivity smoothness redness brown spots breakouts

Current makeup (brands/products):

Current skin care (brands/products):

Current sunscreen (brand/spf):



Are you currently using: retinol vitamin c serum growth factors skin lightening glycolic acid
 salicylic acid cleanser soap

CONDITIONS AND AREAS YOU WOULD LIKE TO DISCUSS

Cosmetic - please check all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> acne scars | <input type="checkbox"/> jowls | <input type="checkbox"/> redness & rosacea |
| <input type="checkbox"/> body shape | <input type="checkbox"/> lip lines | <input type="checkbox"/> sensitive skin |
| <input type="checkbox"/> cheeks | <input type="checkbox"/> lip shape and volume | <input type="checkbox"/> scars |
| <input type="checkbox"/> chin | <input type="checkbox"/> masseter size | <input type="checkbox"/> skin colour |
| <input type="checkbox"/> crow's feet | <input type="checkbox"/> marionette lines | <input type="checkbox"/> skin tone |
| <input type="checkbox"/> double chin (submental fullness) | <input type="checkbox"/> melasma | <input type="checkbox"/> skin texture |
| <input type="checkbox"/> eyebrows | <input type="checkbox"/> mid face | <input type="checkbox"/> sun damage/sun spots |
| <input type="checkbox"/> eyelashes | <input type="checkbox"/> nasal folds | <input type="checkbox"/> sunken eyes |
| <input type="checkbox"/> facial aging | <input type="checkbox"/> neck fat | <input type="checkbox"/> tear troughs |
| <input type="checkbox"/> facial volume loss | <input type="checkbox"/> neck lines | <input type="checkbox"/> temples |
| <input type="checkbox"/> fine lines & wrinkles | <input type="checkbox"/> neck pain | <input type="checkbox"/> unwanted hair |
| <input type="checkbox"/> flushing | <input type="checkbox"/> neck skin | <input type="checkbox"/> other (please specify): |
| <input type="checkbox"/> forehead | <input type="checkbox"/> nose | <input type="text"/> |
| <input type="checkbox"/> hair loss | <input type="checkbox"/> pigment | |
| <input type="checkbox"/> jawline | <input type="checkbox"/> red vessels | |

Therapeutic – please check all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> acne | <input type="checkbox"/> excessive sweating (hyperhidrosis) | <input type="checkbox"/> migraines |
| <input type="checkbox"/> Bell's Palsy | <input type="checkbox"/> jaw pain (including temporomandibular | <input type="checkbox"/> vertigo |
| <input type="checkbox"/> blepharospasm | joint disorders, or TMJ) | <input type="checkbox"/> other (please specify): |
| | | <input type="text"/> |



TREATMENTS YOU ARE INTERESTED IN

Please check all that apply:

Injectables

- Belkyra
- Botox Cosmetic
- Botox Therapeutic
- Dermal fillers
- Hyaluronidase
- Platelet-Rich Plasma (PRP)
- Sculptra
- Skin Boosters (Volite + HA)

Body

- CoolSculpting
- Venus Legacy

Laser

- CO₂ ablative laser
- Fractional non-ablative laser
- IPL (Intense Pulsed Light) photo-rejuvenation
- Laser hair reduction
- Levulan
- Morpheus8

Face

- Dermaplaning
- HydraFacial MD
- Lymphatic drainage

Skincare

- Alastin Skincare
- AQ Skin Solutions
- Glo Skin Beauty
- Latisse
- SkinMedica
- ZO Skin Health

Health & Wellness

- AQ Advanced Hair Complex+
- AQ Vaginal Rejuvenation System
- Nitric Oxide (N1O1)