



BEAUTY BAR  
MEDISPA

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Email Address: \_\_\_\_\_

Are you pregnant? Y\_ N\_ Are you nursing? Y\_ N\_ Are you planning on becoming pregnant? Y\_ N\_

Are you currently taking ACCUTANE, or have you taken this in the last 6 months? Y\_ N\_

Method of birth control: \_\_\_\_\_

**Past Personal Medical History:** (please circle all that apply)

- |                    |                            |                     |                   |
|--------------------|----------------------------|---------------------|-------------------|
| Anemia             | Chronic Cough              | Heart Murmur        | Phlebitis         |
| Arthritis          | Cold Sores                 | Irregular Heartbeat | Seizure Disorder  |
| Artificial Joint   | Colitis                    | Pacemaker           | Stroke            |
| Autoimmune Disease | Connective Tissue Disorder | Defibrillator       | Thyroid Disorder  |
| Bleeding Disorder  | Diabetes                   | Herpes Simplex      | Tuberculosis      |
| Blood Clots        | Dialysis                   | Hepatitis B or C    | Ulcers            |
| Breast Cancer      | Depression                 | High Blood Pressure | Valley Fever      |
| Bronchitis         | Fibromyalgia               | HIV/AIDS            | Metal Implants    |
| Burns              | Heart Disease              | Migraines           | Raynaud's Disease |
| Cancer             | Heart Valve                | Multiple Sclerosis  |                   |

**Past Personal Skin History:** (please circle all that apply)

- |                          |                            |           |                  |
|--------------------------|----------------------------|-----------|------------------|
| Undiagnosed Skin lesions | Connective Tissue Disorder | Melanoma  | Shingles         |
| Actinic Keratosis        | Serious Skin Infection     | Psoriasis | Eczema           |
| Basal Cell Skin Cancer   | Squamous Cell Skin Cancer  | Lupus     | Pigment Disorder |
|                          |                            |           | Keloid Scars     |

Have you ever seen a dermatologist or plastic surgeon for your skin? Y\_ N\_

If yes, explain: \_\_\_\_\_

**Family History:** (please circle all that apply)

- |         |          |               |                      |
|---------|----------|---------------|----------------------|
| Adopted | Diabetes | Heart Disease | Autoimmune Disorders |
| Cancer  | Melanoma | Stroke        | High Blood Pressure  |
|         |          |               | Skin Disease         |

**Review of Systems:** (please circle) Do you currently have any of the following symptoms:

- |                      |            |                  |                   |                       |
|----------------------|------------|------------------|-------------------|-----------------------|
| Poor General Health  | Rashes     | Numbness         | Swollen Legs/Feet | Swelling              |
| Swollen Lymph Nodes  | Headache   | Fainting         | Easy Bruising     | Bleeding Tendencies   |
| Circulation Problems | Chest Pain | Suspicious Moles | Flushing          | Heat/Cold Intolerance |
|                      |            |                  | Itching           | Non-healing Sores     |

**Medication Allergy and Reaction**

\_\_\_\_\_

**Topical Medications**

- Retin A     Refissa     Tazorac  
 Renova     Differen     other

Latex allergy? Y\_ N\_ Iodine allergy? Y\_ N\_

Previous surgeries?

## Potentially Photosensitizing Medications

This is not an exhaustive list of all potentially photosensitizing drugs and interactive drugs. Please circle any and all medications you are currently taking.

### Acne Meds

Isotretinoin  
(Accutane)  
Tretinoin (Retin-A)

### Anticancer

Chlorambucil  
Cyclophosphamide  
Dacarbazine  
Fluorouracil  
Flutamide  
Mercaptopurine  
Methotrexate  
Procarbazine  
Thioguanine  
Vinblastine

### Antidepressants

Amitriptyline  
Amoxapine  
Clomipramine  
Doxepin  
Imipramine  
Isocarboxazid  
Maprotiline  
Phenelzine  
Protriptyline  
Trazadone  
Trimipramine

### Antiepileptics, Sedative, Muscle Relaxants

Carbamazepine  
Cyclobenzaprine  
Diazepam  
Meprobamate  
Phenobarbital  
Phenytoin

### Antihistamines

Azatadine  
Clemastine  
Diphenhydramine

Terfenadine  
Tripelennamine

### Antihypertensives

Captopril  
Diltiazem  
Methyldopa  
Minoxidil  
Nifedipine

### Antimicrobials

Ciprofloxacin  
Clofazimine  
Dapsone  
Demeclocycline  
Doxycycline  
Enoxacin  
Flucytosine  
Griseofulvin  
Ketoconazole  
Lomefloxacin  
Methacycline  
Minocycline  
Nalidixic acid  
Narfloxacin  
Ofloxacin  
Oxytetracycline  
Pyrazinamide  
Sulfa drugs  
(Bactrim, Septra,  
Tetracycline)

### Antiparasitics

Bithionol  
Chloroquine  
Pyruvium  
Pamoate  
Quinine  
Thiabendazole

### Antipsychotics

Chlorpromazine  
Chlorprothixene  
Fluphenazine

Haloperidol  
Perphenazine  
Prochlorperazine  
Promethazine  
Thioridazine  
Thiothixane  
Trifluoperazine  
Thioflupromazine  
Trimeprazine

### Cardiovascular

Amiodarone  
Atenolol  
Captopril  
Diltiazem  
Disopyramide  
Nifedipine  
Propranolol  
Quinidine gluconate  
Quinidine sulfate  
Verapamil

### Diuretics

Acetazolamide  
Amiloride  
Bendroflumethiazide  
Benzthiazide  
Chlorothiazide  
Furosemide  
Hydrochlorothiazide  
Hydroflumethiazide  
Methyclothiazide  
Metalazone  
Olythiazide  
Quinethazone  
Trichlormethiazide

### Hypoglycemics

Acetohexamide  
Chlorpropamide  
Glipizide  
Tolazamide  
Tolbutamide

### NSAIDs

Diclofenac  
Fenoprofen  
Flurbiprofen  
Indomethacin  
Ketoprofen  
Meclofenamate  
Naproxen  
Phenylbutazone  
Piroxicam  
Sulindac

### Others

Bergamot Oil  
Oils of citron,  
Lavender, lime,  
Sandalwood  
Benzocaine  
Clofibrate  
Oral contraceptive  
Etretinate  
Gold salts  
Hexachlorophene  
Lovastatin  
St John's Wort  
Gmethylocoumarin  
(used in perfumes,  
lotions, etc)

### Other Prescription Medications

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Over the Counter Medications

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# BEAUTY BAR MEDISPA, PLLC

## Acknowledgement of Receipt Of Notice of Privacy Practices

### **Patient Name & Address**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip code: \_\_\_\_\_

Patient Phone Number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact (Name, Number, & Relation):

\_\_\_\_\_

\_\_\_\_\_

I have received a copy of the Notice of Privacy Practices for the above named practice.

\_\_\_\_\_

Signature

Date

\_\_\_\_\_

### **For Office Use Only**

### **We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:**

- An emergency existed & a signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with the patient for the following reason:

\_\_\_\_\_

\_\_\_\_\_

- Other:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prepared By: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_