

INTAKE FORM

Patient Information

First Name:	Middle Initial:	Birth Date:
Last Name:		Sex:
Address:		SS: (Required)
City:		
State:	Zip:	Phone:
Email: (Required)		
<input type="checkbox"/> I want to opt out on upcoming promotions and research trials		

Please list all that apply

Medication: _____

Allergies: _____

Primary Care Physician: _____

Have you been diagnosed with any of the following (please circle all that apply):

acne | arthritis | cancer: _____ | diabetes | heart condition | high cholesterol | immunologic disease | other: _____

Emergency contact (nearest relative):

Name:	Relationship:	Phone:
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Person responsible for payment (if different from above):

Name:	Relationship:	Phone:
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How did you hear about CLDerm?

- Internet - Google, Website, Yelp, Social Media. Please clarify: _____
- Patient Referral, Before and After Photos. Please provide name: _____
- Doctor Referral. Please provide name: _____
- Other - Event, Newsletter, TV / Media. Please list: _____

I understand that I am responsible for all charges and that payment is due date of service. Payment may be made with cash, personal check, Visa, MasterCard, American Express or Discover. I UNDERSTAND THAT GOLDMAN BUTTERWICK GROFF FABI & WU, COSMETIC LASER DERMATOLOGY DOES NOT BILL INSURANCE. IN ADDITION, I UNDERSTAND I AM NOT ABLE TO SUBMIT ANY CLAIM FOR MEDICARE REIMBURSEMENT. I understand that I will be charged a \$70.00 fee if I do not cancel my appointment 24 hours in advance.

By signing below I give permission to have a third party in the exam room during my visit.

Please check box if you decline to have a third party present in the exam room.

Print Name of Patient: _____ Date: ____ / ____ / ____

Signature of Patient: _____ Relationship to Patient: _____ Date: ____ / ____ / ____
Parent or Legal Guardian if minor

ACKNOWLEDGEMENT

Notice of Privacy Practices

I hereby acknowledge that I have been made aware of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be available in the reception area, and that I will be notified of any amendments at the next appointment.

Patient Name

Parent/Guardian Name (If Applicable)

Signature

Date

Appointment Reminder

We may use and disclose information to contact and remind you about appointments. If you are not home, we may leave this information on your home voicemail, mobile voicemail, text message and email. Please check the preferred method to receive appointment reminders.

Phone Voicemail Text Message Email

Note: By not checking any of the boxes you agree to receive reminders on all devices listed above.

Ownership Disclosure Information

One or more of the physicians at Goldman Butterwick Groff Fabi & Wu, Cosmetic Laser Dermatology have vested interests and may serve on boards with companies whose products and or supplies we use and/or sell. In no way do any of these personal and professional commitments affect their medical decisions with patients.

Mitchel P. Goldman, MD

Allergan - Consultant
Galderma - Consultant
Neothetics - Consultant
Lumenis - Consultant
Merz - Consultant
Valeant - Consultant
Sienna - Consultant
SkinMedica - Consultant

William F. Groff, D.O.

Galderma - Consultant
Allergan - Consultant, Trainer, Advisory Board
Merz - Consultant, Advisory Board

Sabrina G. Fabi, MD

SkinMedica - Consultant
Allergan - Consultant

Kimberly J. Butterwick, MD

Allergan - Advisory Board
Merz - Consultant
Valeant - Consultant
Galderma - Advisory Board
Colorescience - Advisory Board
Suneva - Advisory Board
Women's Dermatologic Society - Board of Directors

Douglas C. Wu, MD, PhD

Syneron - Consultant
Merz - Consultant

Signature

Date

Patient Name: _____ Date: _____

What additional services would you like to learn about? Please check all that apply.

<p>Laser Treatments</p> <p><input type="checkbox"/> Acne</p> <p><input type="checkbox"/> Acne Scars / General Scars</p> <p><input type="checkbox"/> Birthmarks</p> <p><input type="checkbox"/> Deep Wrinkles</p> <p><input type="checkbox"/> Fine Lines & Wrinkles</p> <p><input type="checkbox"/> Hair Removal</p> <p><input type="checkbox"/> PPP</p> <p><input type="checkbox"/> Rosacea & Broken Blood Vesels</p> <p><input type="checkbox"/> Sun Damage & Brown Spots</p> <p><input type="checkbox"/> Tattoo Removal</p> <p>Vein Treatments</p> <p><input type="checkbox"/> CTEV</p> <p><input type="checkbox"/> Facial Veins</p> <p><input type="checkbox"/> Leg Veins</p> <p><input type="checkbox"/> Phlebectomy</p> <p><input type="checkbox"/> Sclerotherapy</p>	<p>Injectables</p> <p><input type="checkbox"/> Chest Wrinkles</p> <p><input type="checkbox"/> Facial Wrinkles</p> <p><input type="checkbox"/> Hand Rejuvenation</p> <p><input type="checkbox"/> Thin Lips</p> <p><input type="checkbox"/> Volume Loss</p> <p><input type="checkbox"/> Bellafill®</p> <p><input type="checkbox"/> Botox® / Dysport® / Xeomin®</p> <p><input type="checkbox"/> Juvederm® / Voluma™ / Restylane® / Belotero®</p> <p><input type="checkbox"/> Sculptra® / Radiesse®</p> <p>Cosmetic Treatments</p> <p><input type="checkbox"/> Blue Light Acne Treatments</p> <p><input type="checkbox"/> Chemical Peels</p> <p><input type="checkbox"/> Custom Skincare Regimen</p> <p><input type="checkbox"/> DermaSweep™ Micro-Resurfacing</p> <p><input type="checkbox"/> Facials</p> <p><input type="checkbox"/> Collagen P.I.N. Micro-Needling</p> <p><input type="checkbox"/> Mineral Makeup</p> <p><input type="checkbox"/> Latisse® for Eyelash Length/Thickness/Darkness</p>	<p>Body Sculpting</p> <p><input type="checkbox"/> Liposculpture</p> <p><input type="checkbox"/> Flanks / Stomach / Love Handles</p> <p><input type="checkbox"/> Thighs / Arms</p> <p><input type="checkbox"/> Neck / Double Chin / Jawline</p> <p><input type="checkbox"/> Cellfina™ for Cellulite</p> <p><input type="checkbox"/> CoolSculpting® / DualSculpting®</p> <p><input type="checkbox"/> Exilis™</p> <p><input type="checkbox"/> Kybella®</p> <p><input type="checkbox"/> Liposonix®</p> <p><input type="checkbox"/> ThermiRF™ / ThermiLift™</p> <p><input type="checkbox"/> Ultherapy®</p> <p><input type="checkbox"/> UltraShape®</p> <p><input type="checkbox"/> Vanquish™</p>
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When looking in the mirror do you believe you look younger than, the same as or older than your true age?

Younger Than

True Age

Older Than

1
 2
 3
 4
 5
 6

When looking in the mirror are you concerned about the appearance of your wrinkles?

Not Very Concerned

Somewhat Concerned

Very Concerned

1
 2
 3
 4
 5
 6

Please describe your daily routine (please circle one option per category):

Sun Exposure: Never Rarely Sometimes Every Day

Skin Type: Acne Dry Combination Oily

Lifestyle: Relaxed Moderate Active Extreme

Our doctors are often asked to be guest experts with local and national media. If the appropriate opportunity arose would you be interested in sharing your story? Yes No