COSMETIC LASER DERMATOLOGY
a west dermatology company
goldman • butterwick groff • fabi • wu • boen

INTAKE FORM

Patient Information

First Name: Middle Initial: Last Name:	Birth Date: Sex:
Address: City: State: Zip:	SS: (Required)
Email: (Required) ☐ I want to opt out on upcoming promotions & research trials	Phone:

Please list all that apply

Medication: _____

Supplements: _____

Allergies: _____

Primary Care Physician: _____ Dermatologist: _____

Plastic/Cosmetic Surgeon : _____ OB/GYN: _____

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

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

Emergency contact (nearest relative):

Name:	Relationship:	Phone:

Person responsible for payment (if different from above):

Name:	Relationship:	Phone:

How did you hear about Cosmetic Laser Dermatology?

☐ Internet - Google, Website, Yelp, Facebook, Instagram, Youtube. Please clarify: _____

☐ Patient Referral. Please provide name: _____

☐ Doctor Referral. Please provide name: _____

☐ Other - Event, Newsletter, TV / Media. Please clarify: _____

I understand that I am responsible for all charges and that payment is due at time of service. Payment may be made with cash, Visa, MasterCard, American Express or Discover. We also offer financing plans to help you cover the cost of your procedure such as Care Credit and Alphaeon. I UNDERSTAND THAT GOLDMAN BUTTERWICK GROFF FABI WU & BOEN, 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 $50.00 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: _____ _____ Date: ____ /____ /____

Parent or Legal Guardian if minor Relationship to Patient:

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ACKNOWLEDGMENT

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.

MEDIA OPPORTUNITIES

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

OWNERSHIP DISCLOSURE INFORMATION

One or more of the physicians at Goldman Butterwick Groff Fabi Wu & Boen, 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.

Our doctors are consultants and/or advisory board members and/or investigators for the following companies:

Mitchel P. Goldman, MD
Aclaris
Allergan
Biofrontera
Candela/Syneron Lasers
Cell Research Corporation
Dermira
Endo Pharmaceuticals
Galderma
Lucy Beauty
Lumenis
Merz
Pomega
RenGenX
Revance
Sienna
SkinCeuticals
SkinMedica
Solta
Thermi
TR Therapeutics

Kimberly J. Butterwick, MD
Allergan
American Academy of Dermatology
Colorescience
Galderma
Histogen
Merz
Revance

William F. Groff, D.O.
Allergan

Sabrina G. Fabi, MD
Allergan
Alastin
Colorescience
Endo Pharmaceuticals
Galderma
Lumenis
Merz
Revance
Thermi
Valeant

Douglas C. Wu, MD, PhD
Allergen
Athenex
Cell Research Corp
Candela
Dermira
Galderma
Merz
Thermi Aesthetics
TR Therapeutics

Signature

Date

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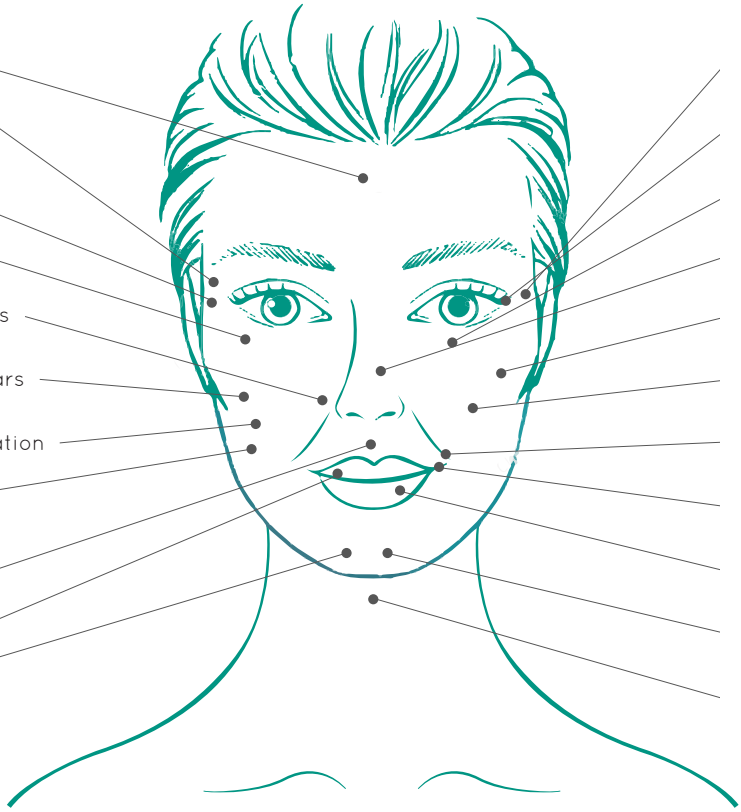
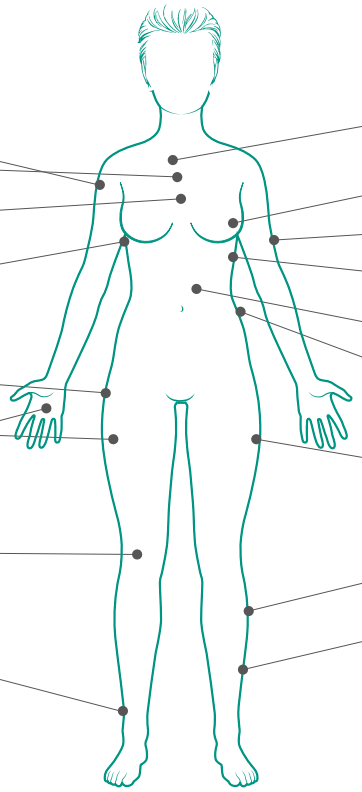
COSMETIC INTEREST QUESTIONNAIRE

Patient Name: _____ Date: _____

Please check any concerns you currently feel or would like to discuss:



- ☐ Forehead Lines
- ☐ Blue Temple Veins
- ☐ Crow's Feet
- ☐ Enlarged Pores
- ☐ Broken Blood Vessels
- ☐ Acne or General Scars
- ☐ Freckles & Pigmentation
- ☐ Melasma
- ☐ Vertical Lip Lines
- ☐ Gummy Smile
- ☐ Acne
- ☐ Temple Hollows
- ☐ Thin & Short Eye Lashes
- ☐ Under Eye Circles
- ☐ Nasal Hump
- ☐ Volume Loss
- ☐ Rosacea or Redness
- ☐ Nasolabial Folds / Smile Lines
- ☐ Marionette Lines
- ☐ Thin Lips / Lip Definition / Lip Fullness
- ☐ Weak Chin
- ☐ Double Chin /Turkey Neck



- ☐ Flabby Arms
- ☐ Brown/Sun Spots
- ☐ Chest Veins
- ☐ Excessive Sweating
- ☐ Cellulite
- ☐ Saddlebags
- ☐ Aging Hands
- ☐ Sagging Knees
- ☐ Tattoo Removal
- ☐ Chest Wrinkles
- ☐ Sagging Breasts
- ☐ Excessive Hair
- ☐ Bra Fat
- ☐ Loose Skin
- ☐ Love Handles
- ☐ Stretch Marks
- ☐ Bulging Veins
- ☐ Leg Veins

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COSMETIC INTEREST QUESTIONNAIRE

Any other additional services you would like to learn about?

- ☐ Botox® / Dysport® / Xeomin®
- ☐ Juvederm® / Restylane® / Belotero®
- ☐ Sculptra® / Radiesse®
- ☐ Non-Surgical Brow Lift
- ☐ Non-Surgical Nose Job
- ☐ Laser Hair Removal
- ☐ Laser Resurfacing with Fraxel®
- ☐ CoolSculpting®
- ☐ Ultherapy®
- ☐ Kybella®
- ☐ Thermage™
- ☐ ThermiRF™
- ☐ Cellfina™
- ☐ Liposuction/Liposculpture
- ☐ ThermiVA® or Viveve® for Vaginal Rejuvenation
- ☐ Sclerotherapy / Treatment for Varicose Veins
- ☐ Microneedling
- ☐ Pearly Penile Papules (PPP)
- ☐ Chemical Peels & Facials
- ☐ Custom Skincare Regimen

MEDICAL DERMATOLOGY QUESTIONNAIRE

What was the date of your last full body skin check?

☐ Never Had ☐ Date _____

Have you or anyone in your family ever been diagnosed with skin cancer?

☐ Yes ☐ No ☐ Not Sure

Do you have any moles that have changed recently in size, color, or shape?

☐ Yes ☐ No ☐ Not Sure

Do you have any other dermatologic concerns we may be able to help with? (circle all that apply):

Acne
Eczema
Hair Loss
Lumps / Bumps / Moles
Melasma
Nail Disorders
Psoriasis
Rosacea
Skin Allergies
Vitiligo
Warts

What is your current skincare regimen/routine?