

PATIENT INTERIM HISTORY

If you haven't visited our practice in t	he last year, we ask that you complete this form to	update our records.
Name:		Date:
Main Concern:		
Please list any hospitalizations since y	our last visit:	
Are you seeing a provider for any new	v concerns?	
Have you had any cosmetic procedure	es since your last visit?	
Have there been any significant chang	ges in your life since your last visit, i.e. new stresso	rs that will affect your skin?
Please list your medications:		
Please list any new allergies:		
Please list OTC medications and suppl	ements:	
Please list your current skin care rout	ine with specific products, AM and PM.	
riedse list your current skill care rout	me with specific products, Airi and Fivi.	
Signature:	Date:	

CANCELLATION POLICY: Timeless Laser & Skin Care has a 24-hour cancellation policy. Missed appointments not cancelled or rescheduled at least 24 hours in advance will result in a \$75.00 cancellation fee. 12/2022