

#### PLEASE PRINT LEGIBLY

#### ALL (\*) ITEMS ARE REQUIRED

#### PATIENT INFORMATION

Prefix:	*Last Name	:		*First Name	:	
Middle Name:		Suffi	x:	Nickname:		
Marital Status:		*\$oc	cial Security N	umber:		
*Date of Birth:		City	of Birth:		*Bir	th Sex: M / F
Language Spoken: _		Ethr	nic Group:		Race:	
*Street Address:			*Ad	dress Line 2:		
*City:	*Sto	ate <u>:</u>	*Zip:	Cοι	ıntry:	
Employer's Name:			Oc	cupation:		
Employment Status:	FULL-TIME	PART-TIME	RETIRED	DISABLED	STUDENT	UNEMPLOYED
*Preferred Phone Nur	mber (Circle C	One):	HOME	WOR	RK	MOBILE
*Home #:		Work #:		*Mo	bile #:	
*Is it C	OK to leave a	detailed messa	ge:	YES		NO
Email:			Alternate E	Email:		
*Woul	d you like to d	ppt into email n	otification:	YES		NO
*Emergency Contact	ł Name:		*Ph	one Number: _		
Spouse Full Name:			Pho	one Number:		
Caretaker Full Name	:		Pho	one Number:		
	GU	ARDIAN INFO	RMATION (I	Under 18 ONL	Υ)	
Mother's Name:			Pho	one Number:		
Father's Name:			Pho	one Number:		
Guardian's Name:			Pho	one Number		



#### **INSURANCE INFORMATION**

Plan Name:		*Polic	у Туре	»:		
*Policy Number:			_ Grou	Jp Number: _		
Name on Insurance Co	ard Last Name:			Firs	t Name:	
Policy Holder Relations	hip:	SELF		SPOUSE	CHILD	OTHER
Does your insurance ha	ave a preferred Laboratory?	NO	YES	If Yes Labo	ratory Name: _	
	RESPO	ONSIBL	E PAR	TY		
*Relationship to Patient	(Circle One):	SELF		SPOUSE	CHILD	OTHER
*Last Name:	First N	lame: _			M	iddle Initial:
Prefix:	*Date of Birth:		_ Soci	al Security Nu	mber:	
*Street Address:			Add	ress Line 2:		
*City:	*State:		*Zip:		*Country:	
Home #:	Work #:			Мс	obile #:	
Email:		_ Alterr	nate En	nail:		
	RELEASE OF	PERSO	NAL F	RECORDS		
l,		_hereb	y give	my permissior	n to Lux Dermo	itology to release
any information pertai	ning to me to the following:					
Full Name:			_ Rela	tionship to Pt:		
Home Number:		Mobil	e Num	ber:		
	PHARMA	CY INF	ORM	ATION		
*Pharmacy Name:			_* Add	ress:		
*City:	<u>*</u> State:	* Zip:		<u>*</u> Ph	one:	



### PAST MEDICAL CONDITIONS (Circle All that Apply)

ARTHRITIS	CHRONIC OBSTRUCTIVE LUNG DISEASE	DEPRESSIVE DISORDER
DIABETES MELLITUS	END-STAGE RENAL DISEASE	HISTORY OF HYPERTENSION
H.I.V.	HYPERCHOLESTEROLEMIA	LEUKEMIA
MALIGNANT LYMPHOMA	MALIGNANT TUMOR OF THE COLON	HEARING LOSS
LAST MENSTRUAL DATE:		
	PAST SURGERIES (Circle All that	Apply)
HISTORY OF COLECTOMY	KIDNEY TRANSPLANT EXCISION C	OF MELANOMA HEART TRANSPLANT
JOINT REPLACEMENT	LIVER TRANSPLANT MECHANIC	AL HEART VALVE REPLACEMENT
OTHER:		
	SKIN CONDITIONS (Circle All that	t Apply)
ACNE	ACTINIC KERATOSIS	BASAL CELL CARCINOMA OF SKIN
DYSPLASTIC NEVUS OF SKIN	ECZEMA	FAMILY HISTORY OF MELANOMA
HISTORY OF ASTHMA	MALIGNANT MELANOMA	PSORIASIS
SQUAMOUS CELL CARCINOM	A SUNBURN OF SECOND-DEGREE	SUN PROTECTION SPF:
ALLE		on of vocations)
ALLE	RGIES (Please list all allergies & type	es of reactions)
-		



## MIPS Patient Intake Form

Name:	DOB:	Email: _		
Primary Care Physician:				
Melanoma:				
Have you ever been diagnosed wit	h Melanoma?		□ Yes	□ No
If YES, did you ever have a chest X-	ray, CT, Ultrasou	nd, MRI, or PET?	□ Yes	□No
Alcohol Use:				
How often do you have an alcoholi	c beverage?			
☐ Never ☐ Less than one drink p	per day 🛭 1-2	drinks per day	☐ 3 or more drin	ks per day
<u>Tobacco Use:</u> (Please choose the o	ption that best d	escribes tobacco	use)	
☐ Never ☐ Current everyday si	moker 🗆 Curr	ent some day sn	noker 🗆 Formei	Smoker
Current Smokers:	3 cigarettes per o	day [	☐ Up to 1 pack per	day
□ 1-	2 packs per day		☐ 2 or more packs	per day
<u>Current Medications:</u> (Include Nan	ne, Dosage, Freq	uency, & How it	is Taken)	
Children 12 Years of Age Vaccine S	Status:			
$\underline{HPV}$ : $\square$ Yes $\square$ No. $\underline{TC}$	<u>OAP</u> : □ Yes	□ No. <u>Menir</u>	ngococcal: ☐ Yes	□No
65 years & Over: Do you have the	following:			
☐ Power of Attorney (Surrogate D	ecision Maker)	☐ Living	Will No	one



# COSMETIC QUESTIONNAIRE

Date \_\_

Name \_\_\_

	Skincare A	Advice		Facial Wrinkles (Botox)		Neck Wrinkles
	Skincare I	Products		Facial Fine Lines (Fillers)		Drooping Brows
	Blotchy Sl	kin		Thin Lips		Chest Wrinkles
	Chemical	Peels		Facial Hair Reduction		Abdominal Contouring
	Facial Vei	ns		Body Hair Reduction		Inner/Outer Leg Contouring
	Facial Red	lness		Drooping Eyelids		Facial Contouring
	Facial Full	lness/Droopi	ng	Mole Removal		Arm Contouring
	Acne Scar	ing		Leg Veins		Microneedling
	Other:					
st. m ur				number that best reflects your opinilist like to discuss non surgical treatme		
st. m ur	nhappy with  2 ctive, non-su	my appearan  3 rgical option	ace and would  4 s were availab	like to discuss non surgical treatme  5 le to successfully correct my lines an	nt options but	t I don't know where to
st. m ur	nhappy with	my appearan	ace and would	like to discuss non surgical treatme	nt options but	t I don't know where to
st. m ur	nhappy with  2 ctive, non-sur 2 d like more in	my appearan  3 rgical option  3 nformation c	ace and would  4 s were availab  4 on the cosmet	like to discuss non surgical treatme  5 sle to successfully correct my lines ar  5 ic services offered at Lux Dermatolo	nt options but	t I don't know where to
st. m ur	nhappy with  2 ctive, non-su	my appearan  3 rgical option  3	ace and would  4 s were availab	like to discuss non surgical treatme  5 sle to successfully correct my lines an	nt options but	t I don't know where to
st. m ur eeffec vould	nhappy with  2 ctive, non-sur 2 d like more in	my appearant  3 rgical option  3 nformation of  3	s were availab 4 on the cosmet	like to discuss non surgical treatme  5 sle to successfully correct my lines ar  5 ic services offered at Lux Dermatolo	nt options but	e I don't know where to
st. m ur eeffec	nhappy with  2 ctive, non-sur 2 d like more in 2 our interested	my appearant  3 regical option  3 nformation of  3	4 s were availab 4 on the cosmeti 4	like to discuss non surgical treatme  5 sle to successfully correct my lines ar  5 ic services offered at Lux Dermatolo  5	nt options but	e I don't know where to would be interested.  designed to meet your
effection would	nhappy with  2 ctive, non-sur 2 d like more in 2  our interested to cosmetic nor Yes give us prem	my appearant  3 regical option  3 nformation of  3	4 s were availab 4 on the cosmeti 4	like to discuss non surgical treatme  5 sle to successfully correct my lines ar 5 ic services offered at Lux Dermatolo 5 netic team to create a personalized tr	nt options but	e I don't know where to would be interested.  designed to meet your
st. m ur eeffec	nhappy with  2 ctive, non-sur 2 d like more in 2 our interested	my appearant  3 regical option  3 nformation of  3	4 s were availab 4 on the cosmeti 4	like to discuss non surgical treatme  5 sle to successfully correct my lines ar  5 ic services offered at Lux Dermatolo  5	nt options but	e I don't know where to would be interested.  designed to meet your