

PLEASE PRINT LEGIBLY

ALL (*) ITEMS ARE REQUIRED

PATIENT INFORMATION

Prefix:	_*Last Name	:		*First Name	:	
Middle Name:		Suffi	x:	Nickname:		
Marital Status:		*\$oc	cial Security	Number:		
*Date of Birth:		City	of Birth:		*Bir	th Sex: M / F
Language Spoken: _		Ethn	nic Group: _		Race:	
*Street Address:			*	Address Line 2:		
*City:	*Sto	ate <u>:</u>	*Zip:	Cou	ıntry:	
Employer's Name:				Occupation:		
Employment Status:	FULL-TIME	PART-TIME	RETIRED	DISABLED	STUDENT	UNEMPLOYED
*Preferred Phone Nur	nber (Circle C	one):	HOME	WOR	ĸĸ	MOBILE
*Home #:		Work #:		*Mol	bile #:	
*Is it O	K to leave a	detailed messa	ge:	YES		NO
Email:			Alterna	te Email:		
*Would	d you like to d	ppt into email n	otification:	YES		NO
*Emergency Contact	Name:			*Phone Number:		
Spouse Full Name:			_	Phone Number:		
Caretaker Full Name:				Phone Number:		
	GU	ARDIAN INFO	RMATION	l (Under 18 ONL	Y)	
Mother's Name:				Phone Number:		
Father's Name:				Phone Number:		
Guardian's Name:				Phone Number:		



INSURANCE INFORMATION

Plan Name:		_ *Policy T	ype:		
*Policy Number:			Group Number: _		
Name on Insurance	Card Last Name:		Firs	t Name:	
Policy Holder Relatio	nship:	SELF	SPOUSE	CHILD	OTHER
Does your insurance	have a preferred Laboratory?	NO YI	ES If Yes Labo	ratory Name: _.	
	RESPO	ONSIBLE P	ARTY		
*Relationship to Patie	ent (Circle One):	SELF	SPOUSE	CHILD	OTHER
*Last Name:	First N	lame:		M	iddle Initial:
Prefix:	*Date of Birth:	S	ocial Security Nu	ımber:	
*Street Address:			ddress Line 2:		
*City:	*State:	*	Zip:	*Country:	
Home #:	Work #:		Mo	obile #:	
Email:		_ Alternate	e Email:		
	RELEASE OF	PERSONA	AL RECORDS		
l,		_hereby g	ive my permissio	n to Lux Dermo	atology to release
any information pert	aining to me to the following:				
Full Name:		R	elationship to Pt	:	
	PHARMA	CY INFOI	RMATION		
*Pharmacy Name:		* /	Address:		
*City:	* State:	* Zip:	* Ph	one:	



PAST MEDICAL CONDITIONS (Circle All that Apply)

ARTHRITIS	CHRONIC OBSTRUCTIVE LUNG DISEA	ASE 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 EXCIS	SION OF MELANOMA HEART TRANSPLANT
JOINT REPLACEMENT	LIVER TRANSPLANT MECH	HANICAL HEART VALVE REPLACEMENT
OTHER:		
	SKIN CONDITIONS (Circle A	ll that 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-DEGR	EEE SUN PROTECTION SPF:
ALLE		throng of regetions)
ALLE	RGIES (Please list all allergies 8	iypes 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