4. Please indicate which, if any, cosmetic treatments you have done in the past. Be sure to include date of the last treatment and your level of satisfaction with results.

- ❑ Microdermabrasion
- ❑ Chemical peels (please list which type) _____
- ❑ Botox
- ❑ Dermal fillers
- ❑ Photorejuvenating laser (list which type) _____
- ❑ Skin tightening laser (list which type) _____
- ❑ IPL
- ❑ Laser hair removal
- ❑ Cosmetic surgery
- ❑ Body contouring/fat reduction treatment (list which type) _____

5. Please list your full AM & PM skincare regimen.

AM:

PM:

6. Please provide the name and contact information of your primary physician.

Name:

Phone number:

7. Please indicate who referred you to our practice.

8. Please list any medications, prescriptions or supplements you are currently taking.

Include as much information as possible including dosage and medication format. Ex. 5mg per day / suppositories.

9. Please list any allergies to medications.

10. Are you pregnant, planning on becoming pregnant or breast feeding?

6. Please provide current pharmacy information including address, phone number and fax number.*

Ex. CVS, 57th Street & Broadway, 212 - ### - ####, Fax: (212) ### - ####

VITAHEALTH
1235 1ST AVE.
NY, NY 10065

[redacted] PHONE
[redacted] FAX

** This information is required for all e-pharmacy prescriptions.*