PENINSULA DERMATOLOGY & LASER CLINIC
Silverdale · Gig Harbor · Tacoma

Spa Patient Profile

Personal Information

Patient Name: _____

Address: _____

Email: _____ **Birth Date:** _____ **Age:** _____ **Sex:** _____

Occupation: _____ **Home Phone:** _____ **Cell Phone:** _____

Emergency Contact

Name: _____ **Relationship:** _____ **Phone:** _____

Visit Information

Referred by (how did you hear about us?): _____

Reason for today's visit: _____

Health History

Current Medications: _____

_____

Allergies (medications or general): _____

_____

Pregnant or Breastfeeding? _____ **Smoke?** _____ **Drink alcohol?** _____

Use sunscreen regularly? _____ **Seek a tan (sun/tanning beds)?** _____

Cold sores/fever blisters? _____ **Had a chemical peel?** _____

When exposed to sun: □ Tan Only □ Tan and Burn □ Burn Only

Isotretinoin (Accutane) — ever used or currently using? _____

Using Retin-A / Renova / Differin? _____

Facial waxing, electrolysis, or depilatories? _____

Skin Profile

Daily home skin care regimen: _____

_____

Describe your skin: _____

_____

Cosmetic improvements you would like to see: _____

_____

Patient or Guardian Signature: _____ **Today's Date:** _____