a healthy skin experience

Patient Information Sheet

Patient Name _____ **Date** _____

Date of Birth _____ **Sex** ❑ Male ❑ Female

Address _____

City _____ **State** _____ **Zip** _____

Preferred Phone _____ **Occupation** _____

Email Address _____

How do you prefer to receive appointment confirmations?

❑ Phone Call
❑ Text Message
❑ Email

How did you hear about us?	
❑ A friend or family member	*Name:*
❑ The Internet	*Specify Site:*
❑ An Advertisement	*Specify Ad:*
❑ Atlanta Plastic Surgery Employee	*Name:*
❑ A Physician	*Name:*
❑ Mall Signage	
❑ Other	*Please Specify:*

Concerns & procedures or products of interest to you (please check all that apply).

❑ Skin Care Advice
❑ Skin Care Products
❑ Microdermabrasion
❑ Anti-Aging
❑ Facials
❑ Chemical Peels
❑ Skin Tightening
❑ Laser Hair Reduction
❑ Removing Facial Veins
❑ Redness / Rosacea
❑ Other (please specify):

❑ Wrinkle Reduction / Fine Lines
❑ Acne / Clogged Pores
❑ Melasma / Pigmentation
❑ Sun Damage / Age Spots
❑ Skin Texture
❑ BOTOX® Cosmetic
❑ Excessive Sweating (Hyperhidrosis)
❑ Injectable Fillers
❑ Fat Reduction / Coolsculpting®
❑ Facial Hair Waxing / Tweezing