



**New Patient History Form**

Date \_\_\_\_\_ (for Dr. Gould - Skin type \_\_\_\_\_)

Name: \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ Height \_\_\_\_\_ BMI \_\_\_\_\_

Phone: H \_\_\_\_\_ W \_\_\_\_\_ C \_\_\_\_\_  
Cell phone carrier(for confirmations) \_\_\_\_\_

Email \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

What is the best way to contact you? \_\_\_\_\_

Emergency Contact \_\_\_\_\_

phone \_\_\_\_\_

Relationship \_\_\_\_\_ permission to contact in emergency \_\_\_\_\_ (initial)

What would you like to discuss today? \_\_\_\_\_

Past medical/surgical history \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Vitamins \_\_\_\_\_

Are you a smoker? \_\_\_\_\_ Last menstrual period \_\_\_\_\_ Menopause: Y N

Are you currently optimizing your hormones? \_\_\_\_\_ How? \_\_\_\_\_

List any pertinent medical issues you may have \_\_\_\_\_

How do you rate your overall health? \_\_\_\_\_

Please describe your diet & exercise routine \_\_\_\_\_

Previous Aesthetic Treatments & Satisfaction \_\_\_\_\_

List any concerns you may have \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

**Payment due at time of service**

**Photo ID required**

**Options: please check**

**Cash/Venmo/Debit save 3% \_\_\_\_\_**

**Credit card \_\_\_\_\_**

**Care Credit - 6% fee \_\_\_\_\_**