



804 NE Mall Blvd
 Hurst, TX 76053
 817 – 595-4500
 817-595-4505 Fax

750 Eureka St
 Weatherford, TX 76086
 817-550-6073
 817-550-6076 Fax

Thank you for choosing SkinMD for your skin care needs. Please take a few minutes to answer the following questions so that we can better assist you with your health care needs.

PATIENT DEMOGRAPHICS		
Name (first, middle initial, last)		
Address (street number/name, city, state, zip)		
SSN	Date of Birth	Marital Status
Gender (circle one) male female	Email	
Preferred phone #	Circle one HOME MOBILE WORK	
Second Phone # (required)	Circle one HOME MOBILE WORK OTHER	
May we leave a detailed message? YES NO	You will receive appointment reminders by text. May we text you regarding specials and events? YES NO	Would you like to receive cosmetic specials? YES NO
Race	Ethnicity	Primary Language

EMERGENCY CONTACT		
Name	Relationship	Phone #

RELEASE OF MEDICAL INFORMATION				
I, the patient/legal guardian, do hereby authorize SkinMD to use or disclose my health information as outlined in the PRIVACY NOTICE that has been provided to me. I have received, read and understand the information detailed.				
I hereby give permission to disclose, discuss and speak with the individuals listed below regarding my personal health information or treatment. I understand that unless specifically listed below, SkinMD cannot speak to ANY individual concerning my medical or financial information including, but not limited to appointments, test results, prescriptions, school or work releases. This includes my spouse, children, siblings, or parent (if I am 18 years or older). I understand that I can amend this list at any time by submitting a request in writing. I consent to the release of my health information to the following individuals:				
Name	Phone	Relationship	Medical information	Financial Information
			YES NO	YES NO
			YES NO	YES NO

Signed: _____ Date: _____
 (Patient or legal guardian if under 18)

OTHER

How did you hear about us?	PCP name	Referring Physician
Employer	Occupation	Work Phone #
Preferred Pharmacy	Pharmacy phone #	Pharmacy Address

PRIMARY INSURANCE PLAN		
Subscriber Name	Relationship to Patient	Subscriber DOB
Subscriber SSN	Employer	Employer Phone #
Employer Address		
Insurance Plan Name	Group #	Policy #
Insurance Company Address		Insurance Phone #

SECONDARY INSURANCE PLAN		
Subscriber Name	Relationship to Patient	Subscriber DOB
Subscriber SSN	Employer	Employer Phone #
Employer Address		
Insurance Plan Name	Group #	Policy #
Insurance Company Address		Insurance Phone #

I understand and agree that regardless of my insurance status, I am ultimately responsible for the balance on my own account for any professional services rendered. I certify that the above information is true and correct to the best of my knowledge. I am responsible for notifying SkinMD of any changes in my health status or the above information.

ASSIGNMENTS OF BENEFITS: I hereby assign all medical and surgical benefits, to which I'm entitled, including Medicare, private insurance and any other health plans to Tracie, D. Swayden, M.D. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment will be considered as valid as an original. I understand that I am financially responsible for all the charges, whether or not paid by insurance. I hereby authorize assignee to release all information necessary to secure payment. I understand there is a fee of \$50 for a returned check.

I understand that if I have a surgical procedure or biopsy performed, there are two charges (1) a charge by SkinMD for collecting the biopsy; and (2) a charge to examine the specimen by a dermatopathologist (ProPath Laboratory) to do the reading. I understand I will be billed separately for this reading.

I understand that my insurance company, and/or Medicare/supplemental policy may have a preferred lab for blood work. It is my responsibility to know which preferred lab I can use.

I understand that there is a non-refundable fee for not showing to my appointment or canceling within 24 hours. The medical fee is \$25; cosmetic is \$50; Surgery is \$100; and Coolsculpt or Sculptra is my 50% deposit as extensive arrangements are required to provide these appointments

Signed: _____ Date: _____

(Patient or legal guardian if under 18)

NAME: _____

DATE: _____

Briefly describe the reason for your visit today _____

Would you like a mole check today? YES NO

SKIN DISEASE HISTORY - have you ever had any of the following? Please circle or NONE

Skin Cancers	Abscess/Boil	Hay fever/allergies	Poison Ivy/Oak
..... Basal Cell	Actinic Keratosis	Hives	Psoriasis
.....Squamous Cell	Blistering sunburns	Itchy/flaky scalp	Scarring
..... Melanoma	Cold Sores	Non-healing Wounds	Wart
Acne	Dry skin/eczema	Precancerous Moles	

MEDICAL HISTORY- have you had any of the following? Please circle or NONE

Artificial Joints	Defibrillator	HIV/AIDS	Pacemaker
Asthma	Depression	Infections	Radiation/Chemo
Autoimmune Disease	Diabetes	Kidney Disease	Stomach Problems
Bleeding Disorders	Heart disease	Liver Disease	Stroke
Blood Thinners	Hepatitis	MRSA	Thyroid Disease
Cancer	High Blood Pressure	Other	Tuberculosis

PAST SURGERIES - have you had any of the following? Please circle or NONE

Abdominal	ENT	Implants	Organ Transplant
Accidents	Eye	Joint replacement	Spine
Cancer	Female	Mole Surgery	
Cosmetic	Fractures	None	

SOCIAL HISTORY

Do you currently or previously?

Smoke Drink Alcohol Use Drugs Foreign Travel Used Tanning Beds Use Sunscreen

When was your last Flu Shot? _____ Shingles Shot? _____

FAMILY HISTORY circle or NONE

Skin Cancer	Adopted	Cancer	High Blood Pressure
.....Basal	Allergies	Cardiac Disease	Metabolic Disease
.....Squamous	Autoimmune	Diabetes	Skin Disease
.....Melanoma	Bleeding Disorder	Genetic/Inherited	Unknown

REVIEW OF SYSTEMS Circle any symptoms you have **TODAY** as it relates to this visit

Fever	Vision changes	Nausea	Depression
Fatigue	Chest pain	Vomiting	Anxiety
Weight loss	Palpitations	Diarrhea	Bruising
Headaches	Cough	Joint pain	Swollen nodes
Frequent infections	Shortness of Breath	Numbness	

FEMALES – Circle any that may apply

Breast Feeding Currently Pregnant Trying to get pregnant Infertile Hormone Replacement Post Menopausal

MEDICATIONS - list **ALL** prescription, non-prescriptions, over the counter, herbal, as needed

I do not take any of the above

NAME	DOSAGE	FREQUENCY	REASON TAKING

ALLERGIES

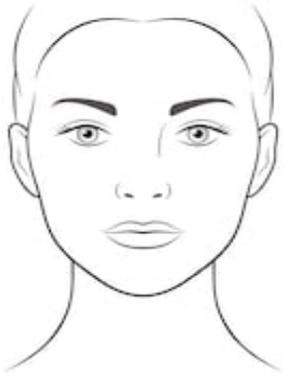
I have no known allergies

NAME	REACTION

If you are not already scheduled for a free cosmetic consultation, please request one today!

COSMETIC QUESTIONNAIRE

Healthy skin is in! Here at SKINMD our goal is to help you achieve the healthy, beautiful skin you have always desired. We have numerous non-invasive, affordable procedures and products that we can customize to help you achieve your skin goals!



Please document your top 3 concerns and services you are interested in:

- 1.) _____

- 2.) _____

- 3.) _____

How does your skin typically react in the sun?

- | | |
|--|---|
| <input type="checkbox"/> Always Burns, Never tans | <input type="checkbox"/> Rarely burns, Tans dark |
| <input type="checkbox"/> Burns easily, Tans minimally | <input type="checkbox"/> Minimally burns, Tans easily |
| <input type="checkbox"/> Sometimes burns, Usually tans | <input type="checkbox"/> Never burns, Tans very dark |

Have you previously had any of the following cosmetic procedures?

- | | |
|---|---------------------|
| Botox/ Dysport | Skin Pen |
| Fillers: | Hydrafacial |
| Belotero/ Juvederm/ Restylane/ Sculptra | IPL/ Photofacial |
| CoolSculpt/ SureSculpt | Laser Hair Removal |
| Kybella | Cellulite Laser |
| Skin Tightening/ Radio Frequency | Fraxel/ Resurfacing |
| Microdermabrasion | Other: _____ |
| Chemical Peels | |

What is your current Skin Care regimen? (Please star products you feel have made an impact on your skin.)

- | | |
|------------------------------------|-------------------------|
| Wash: _____ | Lightener: _____ |
| Toner: _____ | Anti-oxidant: _____ |
| Exfoliator: _____ | Sunscreen: _____ |
| Moisturizer: _____ | Other: _____ |
| Growth Factor/
Stem Cell: _____ | Retinol/ Retin-A: _____ |