

Paragon

Name: _____ Date: _____

Address: _____ City: _____ State: ____ Zip: _____

Birthdate: _____ E-mail: _____

Home Phone: () _____ Cell () _____

How did you hear about Paragon Skin Center:

__ Referred by doctor - Name of doctor: _____

__ Referred by friend - Name of friend: _____

__ Complimentary Skin Consult; Other: _____

I give permission for Paragon Skin Center to contact me by direct mail or e-mail to provide discounts for treatments or educational material related to skin health. _____ Yes _____ No

Please list the main concerns about your skin that brought you to our office today:

Medications and Allergies: _____

Are you allergic to any cosmetic ingredients, medications or foods? Please list.

Please check the products you currently use and list **BRAND NAMES** of the cosmetic products:

Soap _____ Cleanser _____ Toner _____ Moisturizer _____
Eye Cream _____ Sunscreen _____ Night Cream _____ VitA Cream _____
VitC Cream _____ AHA _____ Retinol Cream _____

Are you currently using any topical creams, locations or oral antibiotics for acne, skin cancer, anti-aging or lightening of brown spots? _____

Are you using Accutane? _____ Blood Thinners? _____ Herbal Medications? _____

Are you currently removing hair by any of the following methods?

Waxing ___ Tweezing ___ "Nair" type products ___ Electrolysis ___ Laser Hair Removal ___

I certify that the above information is correct to the best of my knowledge.

Signature _____

Sv paragonconsult