

Medical History:

Who Referred You to Our Office? _____ Family Physician: _____

List All Medications Which You Now Take: _____

List All Allergies To Medications: _____

List All Other Known Allergies: _____

List All Surgery Within the Past 5 Years: _____

Female Patients Only: Are you taking oral contraceptives? Yes No

Are you pregnant or trying to become pregnant? Yes No

Check All Medical Conditions Which You Have Or May Have Had:

Basal Cell Carcinoma Squamous Cell Carcinoma of the skin Melanoma (Depth _____)

Blistering Sun Burns

Cancer (non skin) Type: _____ Date: _____ Treatment _____

Bleeding Tendency Diabetes HIV Heart Attack Hypertension

Stomach or duodenal ulcers Hay Fever Hepatitis (type: _____) Convulsions

Cataracts Glaucoma Asthma Eczema Psoriasis Lupus

Family History of skin disease: Yes Type: _____

Do you have an artificial heart valve, joint or other prosthesis that requires you to take antibiotics when you have dental procedures? Yes No If yes, what antibiotic _____

Are you allergic to Band-aids, tape or adhesive? Yes No

Have any members of your family had skin cancer? Yes No. If yes, what type? _____

Please list any other information that we need to know about: _____

We offer a full range of cosmetic procedures.

Please indicate whether you are interested in learning more about:

Botox Dysport Restylane Radiesse Sculptra Juvederm Perlane Evolence

Fraxel Laser for Rosacea Laser Hair Reduction Intense Pulse Light Treatment Smoothshapes

Treatment of Veins Dr. Beer's new Proprietary Skincare Line Sunscreens Clinical Trials

If any of these are of interest to you, please let us know and we can discuss them with you.

Would you like us to give you information regarding SpaCara and the treatments available? Yes No

I hereby acknowledge that I have read this form and I understand its contents and agree to all of the provisions contained herein.

SIGNATURE: _____ DATE: _____

Kenneth R. Beer, M.D., P.A. Board Certified Dermatology

Kenneth R. Beer MD * Hillary Oakley, PA-C Board Certified Dermatology

1500 North Dixie Highway, Suite(s) 303, 305 West Palm Beach, Florida 33401

Telephone (561) 655-9055 Fax (561) 655-9233 www.palmbeachcosmetic.com

641 University Blvd., Suite 212 Jupiter, FL 33458

Telephone (561) 932-1707