



**STEPHEN P. BEALS MD, PC**  
*Skin and Laser Center*

**Personal Information**

Today's Date \_\_\_\_\_

Name (Last, first, middle initial) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Primary phone number \_\_\_\_\_

| Cell phone number \_\_\_\_\_

| Work Phone \_\_\_\_\_

Email address \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**Where Did You Hear About Us (please be specific)**

Magazine \_\_\_\_\_

Internet \_\_\_\_\_

Referral \_\_\_\_\_

Newspaper \_\_\_\_\_

Other \_\_\_\_\_

**MEDICAL HISTORY** (Check appropriate box next to any condition for which you have ever been treated.)

<input type="checkbox"/> ACNE	<input type="checkbox"/> HIRSUTISM	<input type="checkbox"/> SHINGLES
<input type="checkbox"/> ARTHRITIS	<input type="checkbox"/> VITILIGO	<input type="checkbox"/> SKIN PIGMENTATION
<input type="checkbox"/> AUTOIMMUNE DISORDER	<input type="checkbox"/> KIDNEY DISEASE	<input type="checkbox"/> STEROID OR HORMONAL THERAPY
<input type="checkbox"/> BLOOD DISORDERS	<input type="checkbox"/> MELANOMA/SKIN CANCER	<input type="checkbox"/> HORMONAL IMBALANCES
<input type="checkbox"/> CANCER (OR RADIATION THERAPY)	<input type="checkbox"/> HEPATITIS B	<input type="checkbox"/> PSORIASIS
<input type="checkbox"/> DIABETES	<input type="checkbox"/> PACEMAKER	<input type="checkbox"/> KELOID SCARS/OTHER SCARS
<input type="checkbox"/> HERPES (OR COLD SORES)	<input type="checkbox"/> HIV	

**Products you are using on your skin:**

Cleanser \_\_\_\_\_

Toner \_\_\_\_\_

Moisturizer \_\_\_\_\_

Exfoliant \_\_\_\_\_

Retinol \_\_\_\_\_

Sunscreen \_\_\_\_\_

Other \_\_\_\_\_

**ADDITIONAL QUESTIONS:**

1. Are you currently being treated for any conditions not listed? If yes, please specify.

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2. Are you currently taking any medications, including herbal preparations, medical patches or ASA? If yes, please specify.

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3. Do you have any allergies? If yes, please specify.

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4. Have you ever used (or are currently) using Retin-A, Glycolic Acid, or Azelaic Acid? If yes, please specify.

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5. Have you ever used (or are currently using) Accutane? If yes, please specify.

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6. Have you ever had a chemical peel? If yes, please specify.

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7. Have you had any laser treatments? If yes, please specify.

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8. Do you have any dental or acrylic implants, crowns or bridgework? If yes, please specify.

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9. Do you have any tattoos or permanent makeup in the area to be treated? If yes, please specify.

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10. Do you have a pacemaker?

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11. Have you ever been treated by an endocrinologist (Hormone Imbalance)? If yes, please specify.

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12. Do you sunbathe or use self-tanning lotions or use tanning beds? If so, then how often?

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13. Have you ever had gold therapy (used for rheumatoid arthritis)?

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14. Are you currently pregnant? Nursing?

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15. Have you had any injectables in the area to be treated?

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16. Do you have any particular skin sensitivities? Allergies? If so, please specify.

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**I Have Concerns With (Please check all that apply):**

- Lines – Botox** relaxes the muscles in the face in order to help erase lines over time. If your schedule allows downtime, Laser Resurfacing provides dramatic rejuvenation to the entire face.
- Loss of Volume** – Fillers such as **Juvederm** and **Voluma** can help erase lines anywhere on the face instantly and over time.
- Hyper Pigmentation – Photofacials** and **Chemical Peels** significantly diminish sun damage with limited downtime.
- Acne – Chemical Peels, Lasers** and **Skin Care Products** can reduce severity and frequency of breakouts.
- Skin Texture – Dermaplaning** exfoliates the skin and removes vellus hair (peach fuzz). **Micropeels** and some other peels exfoliate the skin and infuse it with customized nutrient solutions. If your schedule allows downtime, a series of **ProFractional** or **MicroLaser Peels** can greatly improve the texture and appearance of your skin.
- Scarring – Non-Ablative Lasers** and **Microneedling** can improve the appearance of scars and reduce redness.
- Veins – Sclerotherapy** and **Vascular Laser** can treat veins with minimal discomfort.
- Unwanted Hair – Laser** and **BBL Hair Removal** reduces hair growth and density.
- Skin tightening/Volume Reduction – Exilis, Vanquish, and Thermismooth** can treat these issues with radiofrequency to melt fat and tighten skin.
- Cellulite – ZWave** uses acoustic technology to break up clusters of tissue for a smoother appearance. Great in conjunction with radiofrequency treatments.
- Skin Care Regimen** – Our aestheticians can customize a home care routine tailored specifically for your concerns with our medical grade products.

**AUTHORIZATION TO RELEASE/EXCHANGE PATIENT INFORMATION VIA TEXT MESSAGE OR EMAIL**

I \_\_\_\_\_ authorize the Skin and Laser Center to transfer patient information pertaining to myself electronically via the following methods:

\_\_\_\_\_ Text Messaging  
Initials

\_\_\_\_\_ Email  
Initials

**PHOTOS**

\_\_\_\_\_ I **do** consent to having photos taken for the purpose of documentation in my personal patient chart.  
Initials

\_\_\_\_\_ I **do not** consent to having photos taken for the purpose of documentation in my personal patient chart.  
Initials

**\*I give further Permission to have my photos used for:**

[www.bealsmd.com](http://www.bealsmd.com) \_\_\_\_\_  
Initials

In-office use \_\_\_\_\_  
Initials

Presentations \_\_\_\_\_  
Initials

(For Office Use Only)

**NOTES:**

Patient's Printed Name \_\_\_\_\_  
\_\_\_\_\_

Date

Patient's Signature \_\_\_\_\_  
\_\_\_\_\_

Date

Technician's Signature \_\_\_\_\_  
\_\_\_\_\_

Date