The Toledo Clinic | Nahhas Dermatology

updated 06/16/2022

Cosmetic New Patient Information

Last Name _____ First _____ Middle Initial _____
Date of Birth___/___/____ Sex: M F Preferred Contact Phone # _____
Address _____
City _____ State _____ Zip_____ Email_____

Primary Care Physician_____ PCP Phone #_____
Preferred Pharmacy_____ Location _____ Phone# _____

Emergency Contact Information
Name_____Relationship_____Phone#_____

In the event lab testing needs to be performed, do you prefer we deliver test results to □ you, □ emergency contact □ or both?
Emergency contact must be listed on your HIPAA paperwork.

Medical History

Have you been diagnosed with or had any of the following conditions/treatments?

Diabetes mellitus □ yes □ no
Thyroid disease □ yes □ no
Fainting/syncope □ yes □ no
Cancer □ yes □ no
Lymphoma □ yes □ no
Leukemia □ yes □ no
Immunosuppression □ yes □ no
Bleeding disorder □ yes □ no
Clotting disorder □ yes □ no
Anticoagulant treatment □ yes □ no
Lupus □ yes □ no
Psoriasis □ yes □ no
Eczema □ yes □ no
Hyperandrogenism□ yes □ no
Hypertrophic scar or keloids □ yes □ no
Cold sore/HSV □ yes □ no
MS/ALS/other demyelinating condition □ yes □ no
PCOS (polycystic ovarian syndrome) □ yes □ no

Depression □ yes □ no
Anxiety □ yes □ no
Body dysmorphic disorder □ yes □ no
MRSA □ yes □ no
Hepatitis □ yes □ no
HIV Positive □ yes □ no
Autism □ yes □ no
Dementia □ yes □ no
Memory problems □ yes □ no
Other_____

Female History
Are you pregnant? □ yes □ no
Are you currently nursing? □ yes □ no

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Are you <u>currently</u> having any of the following symptoms?

Fever □ yes □ no
Cough □ yes □ no
Chills □ yes □ no
Diarrhea □ yes □ no
Vomiting □ yes □ no

Blisters or cold sore □ yes □ no
Sun burn □ yes □ no
Infection □ yes □ no
Rash/itch □ yes □ no

Allergies

Do you have any allergy to anesthetics (numbing medication) such as lidocaine, tetracaine, benzocaine, etc? □ yes □ no
Do you have an allergy to epinephrine? □ yes □ no
Do you have an allergy to latex? □ yes □ no
Do you have an allergy to adhesive tape? □ yes □ no

Please list any known allergies to medications, adhesive, or other below:

_____ _____
_____ _____
_____ _____

Current Medications

1._____ 8. _____
2._____ 9._____
3._____ 10._____
4._____ 11._____
5._____ 12._____
6._____ 13._____
7._____ 14. _____

Do you take any supplements/vitamins? □ yes □ no
If yes, please list below:

_____ _____
_____ _____

Vaccinations

Have you received the Covid vaccine? □ yes □ no
Have you received the influenza vaccine? □ yes □ no

Name_____ DOB_____

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Cosmetic History

Please note any cosmetic procedures you have had in the past – Botox, Filler, Resurfacing, Deep Chemical Peels, Dermabrasion, Face lift or other augmentation, Blepharoplasty, Rhinoplasty, etc. and please list any associated complications

Type of Procedure	Year	Complications If Any
_____	_____.	_____
_____	_____	_____
_____	_____	_____

How did you hear about us?

☐ Referred by family/friend: _____
☐ Social Media (Facebook, Toledo Clinic adds)
☐ Referred by primary care physician
☐ Other: _____

Appointment No-Show, Change & Cancellation Policy

Nahhas Dermatology at the Toledo Clinic strives to provide the highest level of patient care and respects patient's time in our office. Our office will require **24-hour** notice to change or cancel a medical appointment and **48-hour notice for cosmetic service appointments.**
Patients arriving more than 20 minutes after the appointment start time may have to reschedule. The **no-show fee is $50 for medical appointments, $200 for surgical appointments and $75 for cosmetic service appointments. Certain cosmetic service procedure appointments will require complete payment in advance. Payment is nonrefundable if you are unable to make your appointment without giving a 48-hour notice during business hours.**

This policy allows our office to function with efficiency and provide the best care to all of our patients.

Please sign date and time to communicate acceptance of this policy.

Signature here_____ Date_____Time_____

Name_____ DOB_____