

Cosmetic New Patient Information

Last Name _____ First _____ Middle Initial _____
 Date of Birth ___/___/___ Sex: M F Preferred Contact Phone # _____
 Address _____
 City _____ State _____ Zip _____ Email _____
 Would you like to be added to our mailing list & Birthday Club? • yes • no

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 | Depression • yes • no |
| Thyroid disease • yes • no | Anxiety • yes • no |
| Fainting/syncope • yes • no | Body dysmorphic disorder • yes • no |
| Cancer • yes • no | MRSA • yes • no |
| Lymphoma • yes • no | Hepatitis • yes • no |
| Leukemia • yes • no | HIV Positive • yes • no |
| Immunosuppression • yes • no | Autism • yes • no |
| Bleeding disorder • yes • no | Dementia • yes • no |
| Clotting disorder • yes • no | Memory problems • yes • no |
| Anticoagulant treatment • yes • no | Other _____ |
| Lupus • yes • no | |

Name _____ DOB _____

- 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

Female History

- Are you pregnant? • yes • no
- Are you currently nursing? • yes • no

Are you currently having any of the following symptoms?

- | | |
|---------------------|----------------------------------|
| Fever • yes • no | Blisters or cold sore • yes • no |
| Cough • yes • no | Sun burn • yes • no |
| Chills • yes • no | Infection • yes • no |
| Diarrhea • yes • no | Rash/itch • yes • no |
| Vomiting • 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. _____ |

Name _____ DOB _____

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

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

Name _____ DOB _____

At Nahhas Dermatology, we strive to provide exceptional care and attention to all our clients. To ensure that we can accommodate everyone efficiently, we have established the following policy regarding no-shows and late cancellations:

No-Show Policy: A "no-show" occurs when a client misses a scheduled appointment without prior notification or fails to arrive within 15 minutes of their appointment time.

Late Cancellation Policy: A "late cancellation" is considered when an appointment is canceled within 24 hours of the scheduled appointment time.

Kindly note that to secure your appointment for certain procedures, a deposit is required at the time of booking. This deposit is forfeitable in the event of a late cancellation or no show.

First Occurrence: For the first instance of a no-show or late cancellation, a courtesy reminder will be provided, and no additional action will be taken.

Second Occurrence: For the second instance of a no-show or late cancellation, the client will be required to pre-pay for their services at the time of scheduling their next appointment.

We understand that unforeseen circumstances may arise, and we encourage clients to provide us with at least 24 hours' notice if they need to reschedule or cancel an appointment. This courtesy allows us to accommodate other clients who may be in need of our services.

Should you have any questions or need assistance with rescheduling appointments, please do not hesitate to contact our office.

Thank you for your understanding and cooperation in ensuring that Nahhas Dermatology continues to provide excellent care to all our clients.

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 understanding of this policy.

Signature here _____ Date _____ Time _____

Name _____ DOB _____