Professional Skin Solutions Medical Spa
Shawna Annis, RN BSN
Scott Stroming, MD AAAM
123 Ohme Garden Rd Ste D, Wenatchee, WA 98801
509.885.4473

PERSONAL INFORMATION

Date_____

Name_____
First MI Last

Address_____

City _____

State_____ Zip_____

Email_____

Home Phone(_____)_____

Cell Phone(_____)_____

☐ Check box to opt in for text messages

Preferred method of contact_____

Date of Birth_____

Age_____ Sex: ☐M ☐F

Occupation_____

Emergency contact_____

Relationship to you_____

Emergency Phone_____

CONCERNS

What concerns would you like to discuss, have evaluated and/or treated? (Use diagram on next page if needed)

_____

_____

_____

MEDICAL HISTORY

List any allergies you have:

_____

_____

_____

List illnesses, surgeries and hospitalizations within the past 3 years:

_____

_____

_____

Are you currently under the care of a healthcare professional (s)? ☐Yes ☐No

If so, please list name(s):

_____

_____

_____

Please list any medications, vitamins, herbs or dietary supplements taken:

_____

_____

_____

List physical activities you participate in regularly:

_____

_____

_____

To help you prepare for your private consultation, we encourage you to view our website regarding the different treatments available:

www.professionalskinsolutions.com

Professional Skin Solutions Medical Spa
Shawna Annis, RN BSN
Scott Stroming, MD AAAM
123 Ohme Garden Rd Ste D, Wenatchee, WA 98801
509.885.4473

MEDICAL HISTORY (continued)

Have you ever been treated for, diagnosed as having, or are you currently suffering from any of the following:

- ☐ Acute infections
- ☐ Diabetes
- ☐ Chronic illness/pain
- ☐ Respiratory disease
- ☐ Muscle or joint pain
- ☐ Vision problems
- ☐ Hypertension
- ☐ Depression
- ☐ Infectious Disease
- ☐ Hepatitis liver disease
- ☐ Blood clots
- ☐ Heart Disease
- ☐ Allergies
- ☐ Intestinal/digestive disorder
- ☐ Cancer/Malignant Tumors
- ☐ HIV Positive or AIDS
- ☐ Kidney/bladder ailments
- ☐ Phlebitis/varicose veins
- ☐ Thyroid function disorders
- ☐ Ovarian/menstrual problems
- ☐ Skin inflammation or infection
- ☐ Hay fever/sinus problems
- ☐ Drug/alcohol/caffeine abuse
- ☐ Arthritis/bursitis/gout
- ☐ High/Low Blood pressure
- ☐ Muscle or joint pain
- ☐ Head injuries
- ☐ Bruise easily
- ☐ Numbness/tingling
- ☐ Osteoporosis
- ☐ Chronic inflammation
- ☐ Hormonal treatment
- ☐ Collagen, Fat, cortisone injections
- ☐ Low back, hip, leg pain
- ☐ Broken/fractured bones
- ☐ Acute allergic reactions
- ☐ Headaches/Migraines
- ☐ Mental/emotional disorders
- ☐ Thrombosis/embolism

Women only:

Using contraceptive pills? ☐ Yes ☐ No

Are you pregnant/or breast feeding? ☐ Yes ☐ No

Additional Information: _____

_____

_____

COSMETIC QUESTIONNAIRE

To help us better serve you; Please check the cosmetic issues, treatments or procedures of interest to you. (Please check all that apply)

- ☐ DYSPORT/BOTOX Cosmetic
- ☐ WRINKLE REMOVAL
- ☐ WRINKLE FILLERS
- ☐ LIP ENHANCEMENT OR AUGMENTATION
- ☐ LIP LINE IMPROVEMENT
- ☐ RESTYLANE
- ☐ JUVEDERM
- ☐ RADIESSE
- ☐ MICRODERMABRASION
- ☐ PROFESSIONAL PEELS
- ☐ SKIN CARE ADVICE
- ☐ SKIN CARE PRODUCTS
- ☐ SUN SPOTS/AGE SPOTS/UNEVEN SKIN COLOR
- ☐ ROSACEA TREATMENTS
- ☐ SPIDER VEIN TREATMENTS
- ☐ REMOVING FACIAL VEINS
- ☐ LATISSE EYELASH GROWTH SERUM
- ☐ OTHER: _____

_____

_____

Professional Skin Solutions Medical Spa
Shawna Annis, RN BSN
Scott Stroming, MD AAAM
123 Ohme Garden Rd Ste D, Wenatchee, WA 98801
509.885.4473

PHOTO CONSENT

I consent to the taking of before and after photos for any of the following:

My chart:	☐ Yes	☐ No
Promotional:	☐ Yes	☐ No
Professional Skin Solutions Website:	☐ Yes	☐ No

Signature_____

REFERRAL INFORMATION

If you were referred by a friend, please list their name so we may thank them:

_____

If you were referred by a doctor, please list their name:

_____

If not referred by one of the above, how did you hear about us?

_____

If the internet, what search engine and topic did you use?

_____

CANCELLATION POLICY

We respect the value of your time and ask the same of you. Therefore, we request the courtesy of a 24 hour advanced notice for rescheduling or cancelling your appointment. If this not honored, we will require advance payment of your future appointments.

Signature_____

PAYMENT POLICY

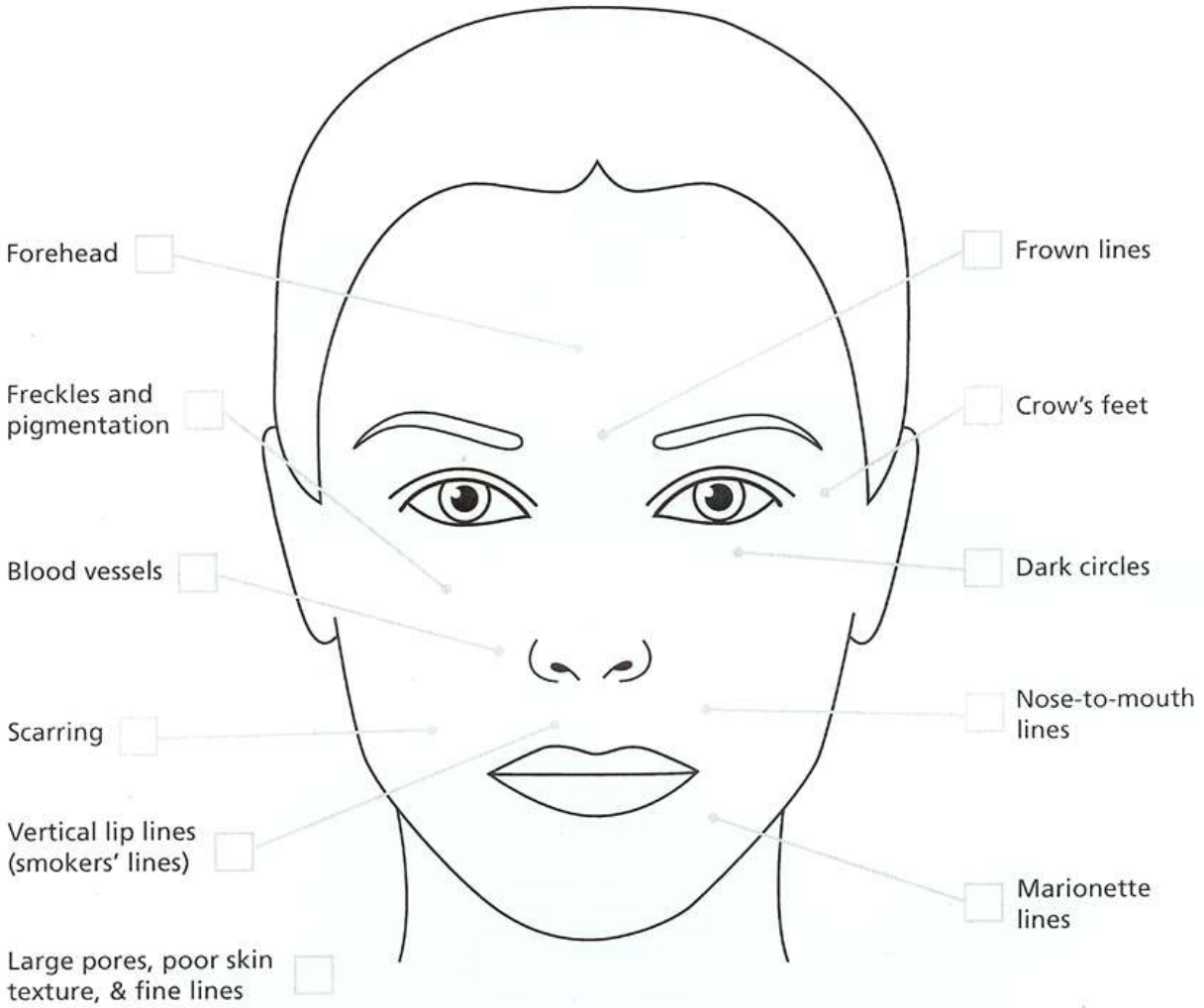
Professional Skin Solutions does not participate with any insurance company and cannot guarantee that any appointment or procedure will be covered under insurance. **Payments for services are the patient's responsibility and are due at the time of service. We accept cash, check, Visa or MasterCard and American Express.**

Signature_____

Professional Skin Solutions Medical Spa
Shawna Annis, RN BSN
Scott Stroming, MD AAAM
123 Ohme Garden Rd Ste D, Wenatchee, WA 98801
509.885.4473

Anatomic Representation

With respect to signs of aging, please highlight those areas of the face that bother or trouble you. In the box provided, please rate these areas on a scale of 1 to 5 (1 being least bothersome, 5 being most bothersome).



What are your goals and expectations for skin care and facial rejuvenation? (Use diagram if needed)