



Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Birthdate: _____ Email: _____

Home Phone: () _____ Cell: () _____

How did you hear about Paragon Skin Center? (Please check one.)

Referred by doctor—Name of doctor: _____

Referred by friend —Name of friend: _____

Complimentary Skin Consult

Other: _____

I give permission for Paragon Med Spa to contact me by direct mail or email to provide discounts for treatments or educational material related to skin health. Yes No

Please list the main concerns about your skin that brought you to our office today:

Medications and Allergies: _____

Are you allergic to any cosmetic ingredients, medications or foods? Please list.

Please check the products you currently use and list BRAND NAMES of the cosmetic products:

Soap: _____ Cleanser: _____

Toner: _____ Moisturizer: _____

Eye Cream: _____ Sunscreen: _____

Night Cream: _____ Vitamin A Cream: _____

Vitamin C Cream: _____ AHA: _____

Retinol Cream: _____

Are you currently using any topical creams, locations or oral antibiotics for acne, skin cancer, antiaging or lightening of brown spots? Yes No If 'Yes', please list: _____

Are you using any of the following?

- Accutane
- Blood Thinners
- Herbal Medications

Are you currently removing hair by any of the following methods?

- Waxing
- Laser Hair Removal
- "Nair" Type Products
- Tweezing
- Electrolysis

I certify that the above information is correct to the best of my knowledge.

Signature