PRECISION
AESTHETICS

949-477-9740
1805 E. DYER RD, #110., SANTA ANA, CA 92705

Patient Registration Form

Name_____ Date ____/____/____

Email _____ ☐ I want to receive promotions and communications through email

Address _____
City State Zip

Occupation_____

Phone _____ Cell Home Office (please circle)

DOB ____/____/_____ Age_____ How did you hear about us? _____

Emergency Contact _____ Phone _____

Are you a Brilliant Distinctions Member? Y N Member # _____

Interests/Concerns:

☐ Botox (Fine Lines & Wrinkles)
☐ Fillers (Loss of Volume)
☐ Latisse (Inadequate Eyelashes)
☐ Skin Care
☐ Laser Hair Removal
☐ Weight Loss
☐ Large Pores
☐ Skin Pigmentation

Have you ever had any of the following in the past? (please circle)

Botox Fillers Latisse Laser Treatments

If so, when was your last treatment? _____

Any likes or dislikes about past treatments? _____

Are you happy with your skin? Y N If not, please explain _____

_____

Medical History

Are you currently taking any medications, vitamins or supplements? If so, please list _____

_____

_____

Are you pregnant or nursing? Y N Are you allergic to Latex? Y N

Do you have any medical problems or illnesses? If so, please explain _____

_____

_____

How many alcoholic drinks per week do you consume? _____

How much caffeine do you consume per day? _____

Do you smoke? Y N How many per day? _____ Do you plan on quitting? Y N

Do you exercise? Y N Do you feel healthy? Y N Are you on a special diet? Y N

Marital Status (please circle) Single Married Divorced Widowed Significant Other

What is your sun exposure? (please circle) Light Moderate High

Any additional comments or concerns _____

_____

_____ _____/_____/_____
Sign Date

(office use only)

_____ _____ ____/_____/____
R.N. Name R.N. Signature Date

_____ _____ ____/_____/____
M.D. Name M.D. Signature Date