THE Hammett CLINIC
NEUROLOGY • WELLNESS

PATIENT DEMOGRAPHICS						
Name:					Date of Birth:	
Address:					Home Phone:	
City:		State:	Zip:		Cell Phone:	
Email:					Occupation:	
Emergency Contact:						
Emergency Contact Phone:						
How did you hear about us:					Referral Name:	
Follow us on Social Media: **Facebook**:The Hammett Clinic & **Instagram**: @hammettclinic						
Tell us how to follow you... @						

GENERAL HEALTH/HISTORY			
	YES	**NO**	**NOT SURE**
Do you have any metal implants, a pacemaker or body piercings?			
Do you where contacts lenses?			
Do you smoke?			
Are you currently pregnant or breastfeeding?			
Do you have an auto-immune disease? (HIV, Lupus, Hepatitis, other)			
Do you have a history of cold sores?			
Do you have a history of genital herpes?			
Do you have a history of heart condition?			
Do you have a history of Diabetes?			
Do you have a history of blood clots?			
Have you or are you currently undergoing Chemotherapy or Radiation treatments?			
Have you ever had any facial surgeries?			
Have you ever had any laser hair removal?			
Have you ever been tanning or had sun exposure that changed your skin color?			
Have you used any tanning lotions or treatments?			
Are you currently doing any of the following:			
Electrolysis?			
Tweezing?			
Laser Hair Removal?			
Waxing?			

MEDICATIONS AND ALLERGIES			
Do you have allergies to the following:	**YES**	**NO**	**NOT SURE**
Aspirin?			
Latex?			
Hydrocortisone?			
Food? (Please List)			
Wheat/Gluten?			
Lidocaine/Novocain?			
Hydroquinone or skin bleaching agents?			
Any Botulinum toxin (Botox) product?			
Any other allergies? (please list)			

Are you currently using:	YES	NO	WHEN
Aspirin?			
NSAIDS? (Motrin, Aleve, Advil)			
Coumadin?			
Birth Control Pills?			
Hormone Replacement?			
Have you ever used Accutane?			
Have you ever used RetinA?			
SKIN CARE	**YES**	**NO**	**WHEN**
Have you ever had any of the following:			
Chemical Peel?			
Microdermabrasion?			
Botox?			
Dermal Fillers?			
Other resurfacing treatments?			
Are you currently using any products that contain:			
Glycolic Acid?			
Lactic Acid?			
Hydroxy Acid?			
Vitamin A?			
Do you have any skin sensitivities or conditions? (please list)			
Do you have Eczema?			
Do you have Psoriasis?			

It is my choice to receive elective cosmetic treatment at The Hammett Clinic. I have completed this form to the best of my knowledge. I have stated all medical conditions that I am aware of and I will update The Hammett Clinic to my health status. I acknowledge that these treatments are not a substitute for medical examination or diagnosis.

I understand that the treatments received at The Hammett Clinic are to be PAID IN FULL up front. If my health insurance does cover any part of my treatment, I understand that The Hammett Clinic is not responsible for billing my insurance company and that I will need to submit my receipt to my insurance.

I understand that if I am unable to keep a scheduled appointment that I will need to cancel the appointment 24 hours in advance by phone, unless I have an emergency. In this case I will call ASAP to reschedule my appointment. If I miss my appointment without giving 24 hours notice, I agree to pay the missed appointment fee of $25.00 per appointment.

Signature: _____ Date: _____

Print Name: _____

Witness: _____ Date: _____