CRAIG AUSTIN M.D., P.C. Dermatology
Cane + Austin Medi Spa
Diplomate of the American Board of Dermatology
120 E. 64th St Ground Floor
New York, NY 10065
Telephone: 212-988-0888

WELCOME TO OUR OFFICE

Today's Date_____

Name_____Sex_____Marital Status: M__S__D__W__

Address_____City_____State_____Zip_____

Phone Number: (h)_____(wk)_____(cell)_____

Email _____Date Of Birth_____ Age_____

How did you hear about us? Advertisement Internet Referral

If referral, who referred you?_____

MEDICAL INFORMATION:

What is your ethnicity?_____
Please list any medications you take:_____
Please list any allergies: _____

Are you pregnant?	Y / N
Do you have a pacemaker?	Y / N
Have you ever taken Accutane?	Y / N
Within the last 6 months?	Y / N
Have you used Retin-A in the past 72 hours?	Y / N
Have you ever had a cold sore?	Y / N
Do you bruise or bleed easily?	Y / N
Do you have a history of keloid scarring?	Y / N
Do you have a history of seizures?	Y / N
Do you have a thyroid condition?	Y / N
Do you have diabetes?	Y / N
Are you being treated for cancer?	Y / N
Are you allergic to aspirin?	Y / N

What skin care treatment are you interested in?

Facial Microdermabrasion Chemical Peel Laser

Please list any condition that best describes your skin type/Skin care products used

_____

Emergency Contact Info: _____