

PHILIP SCHOENFELD, M.D.

RENU

ARTFUL MEDICINE

New Client Intake Form

Name: _____ DOB: _____

Address: _____ City: _____ St: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ Gender: FEMALE MALE

Emergency Contact: _____ Phone: _____

May we send you text and email reminders regarding appointments and/or promos? _____

I. Confidential Medical/Lifestyle Questionnaire

Current Medications _____

Current nutritional and vitamin supplements _____

Allergies _____

Please describe previous surgeries including cosmetic _____

Please list any significant medical illness _____

Please list prior major or minor injuries and fractures _____

Please circle if you have or have had any of the following conditions:

Acne	Photosensitivity	Cancer
Rosacea	Headaches	Osteoperosis
Eczema	High or Low blood pressure	Arthritis
Psoriasis Keloids	Hepatitis	Bursitis
Warts	Diabetes	Phlebitis, blood clots
Herpes, cold sores	Thyroid Dysfunction	
Hyperpigmentation	HIV	

Do you smoke? ___ **YES** ___ **NO**

Do you visit Tanning booths ___ **YES** ___ **NO**

Are you pregnant or nursing? ___ **YES** ___ **NO**

Do you wear contact lenses? ___ **YES** ___ **NO**

Describe your daily intake of the following:

Caffeine Never 1-3 times 4-5 times more than 8 times

Water (8 oz) Seldom 1-4 glasses 5-8 glasses more than 8 glasses

I would describe my skin as: DRY NORMAL OILY COMBINATION

Sunburn History: Usually burns Sometimes burns Rarely Burns Never Burns

Suntan History: Never Tans Tans with difficulty Tans average Tans easily

How often do you use sun protection? Never Rarely Frequently Always (year round)

II. Skin Evaluation

Are you currently using Retin-A/Renova/Differin/Tazarac?	___YES	___NO
Have you used or are you currently using Accutane?	___YES	___NO
Have you had any chemical peels or microdermabrasion?	___YES	___NO
Do you currently have professional facials?	___YES	___NO
Do you currently get facial waxing/electrolysis or use depilatories?	___YES	___NO
Do you suffer from occasional breakouts?	___YES	___NO
Does your skin get irritated easily?	___YES	___NO
Are you using glycolic/AHA home care products?	___YES	___NO

Please describe your daily home care regimen:

MORNING _____

EVENING _____

WEEKLY _____

What are the cosmetic improvements you would like to see in your skin?

Cancellation/No Show Policy:

We would like to thank you for being a patient in our office. We value all of our patients and strive to provide the best experience possible in the most comfortable setting. Please understand that when we schedule your appointment, we are reserving time for your particular needs. We kindly ask that if you must change an appointment, please give us a 24 hours notice. If you are unable to keep your scheduled appointment, please call the office to reschedule. If you no show or cancel without a 24 hour notice, we reserve the right to assess a \$50 Medspa fee or \$100 cosmetic fee.

INITIAL AFTER READING _____

Skin Care Product Return Policy

RENU by Dr. Schoenfeld is dedicated to bringing you the best in skin care. If you are not completely satisfied with a product for any reason, please contact our office within 14 days of the purchase date. We're happy to go over your concerns and best way to get the most out of your purchase. If we can't make this product work for you, we're more than happy to issue a store credit or product exchange. All product exchanges must be unopened and unused within 14 days of purchase.

INITIAL AFTER READING _____

By signing below you are acknowledging that you have read and understand the Cancellation and Product Return Policy, and that all information provided is complete and accurate.

Signature _____ **Date** _____