



AESTHETICS BY DR. SCHOENFELD

ADULT PATIENT DEMOGRAPHICS

Last Name _____ First Name _____ MI _____

Address _____ City _____ ST _____ Zip _____

Cell _____ Home _____ Work _____

E-Mail _____ Male Female Prefer not to say Other

May we send text appointment reminders? Y N E-Mail? Y N

Date of Birth: ____/____/____ Single Married Divorced Widowed Partner

Employer _____ Occupation _____

Emergency Contact Name _____ Phone () _____

How did you hear about our practice? _____

Patient Agreement

I, the undersigned, am aware that I am financially responsible for all services rendered to me by Feldman ENT and Renu Med Spa.

I am aware that I am personally responsible for all co-payments, deductibles, and non-covered services as dictated by my insurance coverage.

I, the undersigned, hereby authorize Feldman ENT and Renu Med Spa to apply for benefits for covered services rendered by the Practice and request that the payments from my insurance carrier are paid directly to the practice.

I certify that the information I have provided with regard to my identity and insurance coverage is correct, and further authorize the release of any necessary information, including medical information for this or any related claim to my insurance carrier(s). I permit a copy of this authorization to be used in place of the original.

I, the undersigned, am aware that I will be charged a No Show fee of \$150.00 for any appointment I cancel without a twenty-four (24) hour notice.

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

Osteoporosis

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: (Circle all that apply)

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

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 an office credit or product exchange. All product exchanges/credits must be within 14 days of purchase. Any products that have been excessively used or have less than half of product remaining will not be eligible for credit or exchange.**

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_____