Institute for Skin Advancement – Medical Dermatology
Registration Form

PLEASE PRINT:

Name:_____ _____ _____ SEX: Male Female
LAST ***FIRST*** ***INITIAL***

Birthdate: _____(***yyyy***)_____(***mm***)____(***dd***) Health Care #:_____Prov._____

Home Address:_____

City/Province:_____ Postal Code:_____

Phone Number: Res:_____ Bus:_____ Cell:_____

Occupation:_____email:_____

Referred by Dr:_____

Which DOCTOR are you seeing today? / ADAMS / METELITSA / HACKETT / WILLIAMS

Please list ALL current prescription medications:_____

_____

Please list ALL allergies to medications: _____

Do you smoke? YES NO

Do you have a history of a bleeding disorder? YES NO Are you on any "blood thinners"? YES NO

Are you pregnant? YES NO Are you breast feeding? YES NO

Do you have any of the following conditions?

Diabetes	Yes	No	Skin cancer	Yes (type)_____	No
Heart or circulatory problems	Yes	No	Hormonal conditions	Yes (type)_____	No
High blood pressure	Yes	No	Clinical depression	Yes	No
Hepatitis	Yes	No	Cold sores (herpes virus)	Yes	No
HIV	Yes	No	Seizure disorder	Yes	No

Do you have a chronic/major health condition?

_____

_____

Primary Reason for referral:_____

Signature: _____ If a minor, parent's signature:_____

*****Please note that we do charge $30.00 for missed appts. This policy does not apply to those patients who call to cancel 24 hours prior to their appt. If you do not call to cancel and simply do not show up you will not be able to book any appts until you have paid the missed appt fee.***

I have read and understand the no show policy_____initials

Alberta Health Care DOES NOT cover the following services and fees for these items are due and payable at the time of service:

1. Some injectible medications
2. Patch testing materials
3. Cosmetic procedures
4. Insurance forms and medical legal reports and reports for tax purposes

Are you interested in hearing about clinical trials related to your condition? yes_____no_____

Please indicate if you are interested in obtaining information about the following services?

☐ **Wrinkles & sagging skin**	☐ **Acne or Acne Scarring**	☐ **Botox**
☐ **Tattoo removal**	☐ **Sun Damage**	☐ **Peels**
☐ **Laser Hair Removal**	☐ **Skin Discoloration**	☐ **Skin tighteners**
☐ **Dry or Oily Skin**	☐ **Body Contouring**	☐ **Fillers**