

VIRTUAL CONSULTATION

You may wish to send us your concerns and the areas that you would like to improve upon.

We provide this as a complimentary service to you.

You may wish to complete this form and either send it to us by mail or bring it with you to your first visit. After that, you may wish to schedule an in-office consultation and /or have your first treatment the same day if appropriate.

Patient Information

Mr/Ms/Mrs/Dr _____

Address _____

City _____ State _____ ZIP _____

Day Telephone _____ Evening Telephone _____ CELL _____

Email address _____@_____

Personal Information: Height..... Weight.....
Age.....

Have you lost ___ or gained ___ weight in the last year? How many pounds? _____

Do you intend to lose more weight before _____ or after _____ your treatments?

Have you had any cosmetic procedures done before?

Please list these treatments:

- | | | |
|----|----------------------|-----------|
| 1. | Year/Month Performed | ____/____ |
| 2. | | ____/____ |
| 3. | | ____/____ |
| 4. | | ____/____ |
| 5. | | ____/____ |

Were you happy with the results? _____

Current Areas of Concern: _____

Treatments Desired:

- Lipodissolve
- Botox Cosmetic
- Dermal Fillers
- Microdermabrasion

- Laser
- Levulan
- Hair Removal

Describe the Results that you want to achieve

- To look younger
- To look healthier
- To look thinner

Do you mind a sudden change in appearance? Yes ___ No ___

Do you have a special function that you want to prepare for?

If so, what is the date? ____/____/____

Do you want us to reply by telephone? Tel/Cell No _____

e-mail? _____

Please attach photos if you wish

- 1 or 2 front shots with eyes open
- 1 from each side

Please list your Medical Conditions:

Please list your medications:

ALLERGIES:

I acknowledge that internet communications may not be secure, and that I have the option of transmitting personal information and photographs by mail.

I hereby consent to the transmittal and review of my information by Skin Deep Medical, and agree not to hold Skin Deep Medical or Dr Ralph A. Hasspieler responsible for unauthorized use of this information.

Signed _____

Date: ____/____/____