



C203 5212 48th Street, Red Deer Alberta T4P 3T4
PH: 587-273-4773 Fax: 1-855-549-6538

Full Name: _____ DOB: _____
D / M / YEAR

Address: _____

City: _____ Province: _____ Postal Code: _____

PHN: _____ Mobile #: _____

Email: _____ Home #: _____

MEDICAL HISTORY:

Health conditions: _____

Current Medications: _____

Please indicate any additional treatments or cosmetic concerns you might be interested in discussing:

- | | |
|--|---|
| <input type="checkbox"/> Skin Care | <input type="checkbox"/> Chemical Peels |
| <input type="checkbox"/> Pigmentation | <input type="checkbox"/> Acne Scarring |
| <input type="checkbox"/> Laser for Veins | <input type="checkbox"/> Cosmetic Consultation |
| <input type="checkbox"/> Double Chin | <input type="checkbox"/> Makeup Consultation |
| <input type="checkbox"/> Permanent Sweat Reduction | <input type="checkbox"/> Medical Sunblock |
| <input type="checkbox"/> Eye Lash Enhancement | <input type="checkbox"/> Laser Hair Reduction |
| <input type="checkbox"/> Fine Lines/ Wrinkles | <input type="checkbox"/> Skin Tightening |
| <input type="checkbox"/> Diminished Lip/ Cheek Volume | <input type="checkbox"/> Eyelid Lift |
| <input type="checkbox"/> Vaginal rejuvenation
(IE: incontinence, dryness or tightening) | <input type="checkbox"/> Laser/Surgical Facial Tightening |
| <input type="checkbox"/> Thinning Hair | <input type="checkbox"/> Neck lift |