

Name: _____ D.O.B: _____
Address: _____ City: _____ Prov: _____
Postal Code: _____ Occupation: _____
Phone: _____ Cell: _____ Email: _____
Healthcare #: _____ Emergency Contact: _____
How would you like us to confirm your appointment?: Choose one Text Phone Email

SKIN HEALTH QUESTIONNAIRE

What is your main area of concern? : _____

What brand of skin care products are you currently using? : _____

Have you had a consultation or treatment for a cosmetic procedure before? Yes No

(Please list previous cosmetic treatments) Laser BOTOX Fillers Other _____

Do you have any pre-existing health conditions? : Please Specify: _____

Do you use topical Vitamin A Products? Yes No

Do you scar easily? Yes No

Do you get cold sores? If yes, how often?: _____

Do you sunburn easily? Yes No

Do you suntan or use a tanning bed? Yes No

Have you ever had prior exfoliative treatment? Yes No

Have you have any of the following treatments within the past 6 months? Yes No
 Dermabrasion Laser Resurfacing Cosmetic Surgery Photofacial

Have you been on Accutane within the last 6 months? Yes No

Are you pregnant / breastfeeding / trying to conceive? Yes No

Do you have any allergies? Please List: _____

How would you rate the quality of your skin? Poor Fair Good Very Good Excellent
(Please check the appropriate answer)

If you could enhance an aspect of your skin, what would you enhance?
(Please check the appropriate answer) Hydration Elasticity Smoothness Tone
Other: _____

Which three statements best reflect how you would like to look and feel after the treatment?

- I want to look less tired I want to look more feminine I want my face to look slimmer
 I want to look less angry I want to look more youthful I want softer features
 I want to look less sad I want to look more radiant I want a less saggy appearance



How did you hear about us?

- My doctor
- Internet search
- Advertisements/periodicals
- Friends/family
- Social media platform
- Seminar

Contact information

- I would like to receive information about new products/services/clinic updates/newsletters
- I consent to be enrolled in the Brilliant Distinctions loyalty program

Phone: _____

Email: _____

Signature: _____

Cancellation/No show Policy

We require two (2) business days' notice for any time change or cancellation of all types of appointments. Failure to do so will result in a cancellation/no show fee.

The fees for missed appointments and/or late cancellations are as follows:

- Appointment with the Doctor and Nurse Appointments: \$100 + GST
- Surgery and Removals: \$350 + GST
- Cosmetic/Laser Treatments 50% of the cost of the procedure + GST

If you miss an appointment or fail to give 2 business days' notice for a cancellation, payment of the cancellation/no show fee will be required before any other appointment will be booked for you.

I understand that after a 12 month period without seeing Dr. Alanen or an Associate, I may require a NEW REFERRAL from my family doctor or walk in clinic. (This does not apply for patients who are seeing Dr. Alanen or an associate for cosmetic procedures.)

By signing the form below you confirm that you have read and fully understand this policy and its guidelines.

Patient/Guardian Signature: _____ Date: _____