Dermatology Procedures Clinic

PATIENT INTAKE FORM

Name: _____ **Date of Birth:** _____

Address: _____ **Health card #:** _____

Phone: _____

**Please answer the questions below.

Do you have any previous medical history _____

Are you on any medication? ☐ **Yes** ☐ **No** **If yes, which ones** _____

**Please mark any of the following conditions you may currently have.

- ☐ Actinic keratosis
- ☐ Angioma/vascular lesions
- ☐ Chemical peels/facial rejuvenation peel
- ☐ Dermabrasion for acne scars, etc
- ☐ Sebaceous cysts
- ☐ Excessive sweating (hyperhidrosis)
- ☐ Injectables (Botox etc)
- ☐ Keloids and hypertrophic scars
- ☐ Lipomas
- ☐ Milia
- ☐ Mole removal (benign) for cosmetic reasons
- ☐ Platelet-Rich Plasma (PRP)
- ☐ Seborrheic keratosis (age spots/brown spots)
- ☐ Skin tags
- ☐ Solar lentigo
- ☐ Sebaceous hyperplasia
- ☐ Warts (persistent)
- ☐ Other (describe below)

_____

_____

_____

Referred by: _____ **Billing number:** _____

Address : _____ **Fax number:** _____

Phone number: _____

Fax: 613-592-2224 Phone: 613-592-4222
email: KanataDermatology@gmail.com

Signature: _____

Please fax or email the intake form.