

**Lexington Vein and Aesthetics Center, PLLC
New Patient Form**

Name _____ Date of Birth _____ Age _____

Address _____

City _____ State _____ Zip code _____

Home Phone _____ Cell _____ Office _____

Email address _____

Emergency Contact Name _____ Phone _____

Who may we thank for referring you? _____

How did you hear about us? (TV, newspaper, etc.) _____

Allergies? _____

Medical History

1. Do you have any current or chronic medical illnesses?

Please List: _____

2. Do you take any medications? Prescription, over the counter or herbal.

Please List: _____

3. Have you had any surgical procedures?

Please List: _____

Do you have a history of any of the following?

Accutane in the last year? _____ Previous chemical peels? _____

Botox _____ Fillers _____ Fever blisters _____

Previous laser treatments _____ Permanent make-up _____

Keloid scarring _____ Are you currently pregnant _____

Are you currently breast feeding _____

When was your last unprotected sun exposure? (Includes tanning beds)

Face _____ Body _____

Do you use self tanners? (If yes, what body areas) _____

Signature: _____ **Date:** _____