



303-1065 CANADIAN PLACE, MISSISSAUGA, ON, L4W0C2
TEL – 905-625-5600, FAX – 905-625-5650

REGISTRATION FORM

DATE:			
PATIENT INFORMATION			
Patient's Last Name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Mar <input type="checkbox"/> Div <input type="checkbox"/> Sep <input type="checkbox"/> Wid		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date:
Street Address:		Email:	Mobile Phone No.:
City:	Province:	Postal Code:	Home Phone No.:

MEDICAL HISTORY

Selected?

- ☐ HIGH BLOOD PRESSURE
- ☐ HEART DISEASE
- ☐ ASTHMA
- ☐ HIGH CHOLESTEROL
- ☐ SURGERIES
- ☐ OTHER MEDICAL PROBLEMS

SOCIAL HISTORY

Selected?

- ☐ ALLERGIES
- ☐ SMOKING
- ☐ RECENT TRAVELS
- ☐ ALCOHOL
- ☐ OTHERS

CURRENT MEDICATIONS:

FAMILY MEDICAL HISTORY:

HOW DID YOU HEAR ABOUT US?

WHAT THE REASON FOR YOUR VISIT?

PLEASE CHECK ANY OF OUR COSMETIC DERMATOLOGY SERVICES ABOUT WHICH WOULD YOU BE INTERESTED IN:

Selected?

Selected?

- | | |
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| <ul style="list-style-type: none"> <input type="radio"/> LASER HAIR REMOVAL <input type="radio"/> ACNE SCARS TREATMENTS <input type="radio"/> SKIN TAGS REMOVAL <input type="radio"/> FACIAL SKIN TIGHTENING <input type="radio"/> WRINKLES TREATMENTS <input type="radio"/> STRETCH MARKS TREATMENS <input type="radio"/> BOTOX <input type="radio"/> FILLERS | <ul style="list-style-type: none"> <input type="radio"/> EYELASHES ENHANCEMENT (LATTISSE) <input type="radio"/> MICRODERMABRASION <input type="radio"/> CHEMICAL PEEL <input type="radio"/> REMOVAL OF MOLES / CYCTS <input type="radio"/> WIDE OPENING PORES <input type="radio"/> SPIDER VIENS REMOVAL <input type="radio"/> BOTOX FOR EXCESSIVE SWEATING <input type="radio"/> SKIN CARE PRODUCTS |
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