



NEWPORT AESTHETICS

20072 SW Birch Street, Suite 110
Newport Beach, CA 92660
Phone (949) 660-9972 - (949) 266-9972 Fax
info@newportaesthetics.com

REGISTRATION & HISTORY

Name: _____ M / F

Date of Birth: _____ Age: _____ Email: _____

SSN: _____ Driver's License Number _____

Preferred Address: _____

City: _____ State: _____ Zip: _____ Mailing / Home / Work

Cell Phone #: _____ Other Phone #: _____

Occupation: _____ Employer: _____

Current Physician: _____ PCP? Y / N

Emergency Contact Name: _____

Emergency Contact Number: _____

Allergies: None / _____

Current Medications: None / _____

List any medical problems or diagnoses you have: _____

Previous procedures: Face Lift / Tummy Tuck / Breast Augmentation / Botox / Fillers

/ Laser Treatment(s) / Tattoos _____

Reason(s) for today's visit: _____

Please check any areas of interest:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Acne | <input type="checkbox"/> Age Spots /
Liver Spots | <input type="checkbox"/> BOTOX | <input type="checkbox"/> Chemical
Peels |
| <input type="checkbox"/> Collagen
Therapy | <input type="checkbox"/> Facials | <input type="checkbox"/> Fillers
(Juvederm) | <input type="checkbox"/> Hair
Removal |
| <input type="checkbox"/> Hydrafacial
MD | <input type="checkbox"/> Kybella | <input type="checkbox"/> Laser
Resurfacing | <input type="checkbox"/> Laser Tx |
| <input type="checkbox"/> Lashes | <input type="checkbox"/> Latisse | <input type="checkbox"/> Lips | <input type="checkbox"/> Micro-
dermabrasion |
| <input type="checkbox"/> Photofacial
(IPL) | <input type="checkbox"/> Retin A | <input type="checkbox"/> Scar Reduction | <input type="checkbox"/> SculpSure |
| <input type="checkbox"/> Skincare
Advice | <input type="checkbox"/> Skincare
Products | <input type="checkbox"/> Skin
Rejuvenation | <input type="checkbox"/> Skin
Tightening |
| <input type="checkbox"/> Veins - facial
+/- spider | <input type="checkbox"/> Sunscreen
Advice | <input type="checkbox"/> Vaginal Health
/ Rejuvenation | <input type="checkbox"/> Waxing |

Other (please specify) _____

Who can we thank for your referral today to *Newport Aesthetics*? Yelp / Facebook /

IG / Google / RealSelf / Other: _____

I understand the information in this form is essential to determine my medical and cosmetic needs and the treatment plan. I understand that if any changes occur in my medical history/health, I will report them to this office as soon as possible. I have read and understand the above medical questionnaire. I acknowledge that all answers have been recorded truthfully and will not hold *Newport Aesthetics* responsible for any errors or omissions that I have made in the completion of this form. I acknowledge that the products and services I receive from *Newport Aesthetics* are elective and I am financially responsible for all charges. This office will not bill insurance for any of these elective aesthetic services.

Photographs and/or digital images of me are for use in documenting before and after progress from procedures performed at *Newport Aesthetics*. I hereby consent to photographs and/or digital images of me for use in news releases, social media and/or educational materials. These materials might include printed or electronic publications, websites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of *Newport Aesthetics*.

Signature: _____ Date: _____

Print name: _____

Witness Signature: _____ Date: _____

Print name: _____