

Sherri S. Levin MD & Associates
Another Day in Paradise
929 Gessner Rd, Suite 2100
Houston, TX 77024

Patient Information Profile

Name _____ Date _____

Address _____
Street City State Zip

Telephone _____
Home Mobile Fax

Email address _____

Date of Birth _____

Occupation _____

Employer _____

Address _____
Street City State Zip

Work Phone _____

Reason for today's consultation: _____

Other services you may be interested in: (please circle those that apply)

Botox

Laser Vein Treatments

Dermal Fillers (i.e. Restylane, Juvederm, etc)

Chemical Peels

Photofacial

Microdermabrasion

Laser Hair Reduction

Excessive sweating treatments

Please tell us how you learned about our aesthetic practice: _____

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SKIN TYPE ASSESSMENT

Please complete the following questionnaire in order to assist us in determining your skin type and expected reaction to any light-based aesthetic procedures, such as laser hair reduction and skin rejuvenation (i.e. IPL). If you have any questions when completing this form, please ask the clinician.

Genetic Disposition:

Score	0	1	2	3	4
Eye color	Light blue,gray, or green	Blue,gray or green	Blue	Dark brown	Brownish black
Natural hair Color	Sandy red	Blond	Chestnut/ Dark blond	Dark brown	Black
Skin color	Reddish	Very Pale	Pale with beige tint	Light brown	Dark brown
Freckles on unexposed areas	Many	Several	Few	Incidental	None

Reaction to Sun Exposure:

Score	0	1	2	3	4
What happens when you stay in the sun too long?	Painful,redness, blistering, peeling	Blistering then peeling	Sometimes burns then peeling	Rarely burns	Never burns
To what degree do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easy	Turns dark brown quickly
Do you turn brown within several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always
How does your face react to sun?	Very Sensitive	Sensitive	Normal	Very Resistant	Never had a problem

Tanning habits:

Score	0	1	2	3	4
Last exposure to sun or artificial sunlamps?	More than 3 months	2-3 mos.	1-2 months	Less than 1 month	Less than 2 weeks ago
Do you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always

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Total score: _____

Skin Type Score	Fitzpatrick Skin Type
0-7	I
8-16	II
17-25	III
26-30	IV
Over 30	V-VI

Fitzpatrick Skin type: _____

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Another Day in Paradise Cancellation/No-Show Policy

Patients must call to cancel or reschedule appointments within 24-hours of the scheduled appointment time.

In the event of a missed appointment or one that is not cancelled within 24-hours, a \$50 fee will either be billed to the patient or charged to their authorized credit card on file.

Name: _____

Date: _____

Witness: _____

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Credit Card Authorization Form

Due to the no-show/cancellation policy that has been placed in effect, we are requiring a credit card number to be kept on file. This is to be used only in the event of a missed appointment or if an appointment is not cancelled within 24 hours. A \$50 fee will be charged to this credit card within 24-48 hours of your missed appointment. If the appointment made is kept then your credit card will not be charged this fee.

Please know that we are keeping your credit card information on file in a secure, locked location for its protection. This will not be accessible except to authorized staff.

Please confirm the information below and sign agreeing to authorize a charge on your credit card only if the policy is broken.

Name: _____ ID#: _____

Credit Card (circle one) VS/MC DISC AMX

Account #: _____ Exp date: _____

Signature: _____ Amount: 50.00

Date: _____