



seasons

New Patient Information Form

Date: _____
Patient Name: _____ DOB: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____ Employer: _____
Phone Numbers - Cell: _____ Home: _____
Reasons for your visit to Seasons? _____

Are you currently taking any medications, supplements or using prescription topical creams? Please list any: _____

Emergency Contact

Name: _____ Phone: _____ Relation: _____

How did you hear about Seasons The Spa?

Friend _____ Magazine _____ Physician _____
Internet _____ Ad _____ Other _____

Natural Hair Color: Blond, Red, Brown, Light Brown, Dark Brown, Black, or Gray?

Eye Color: Blue, Green, Hazel, Brown, or Black?

Which of the following best describes your skin type? Please circle one skin type.

- I Always burns, never tans
- II Always burns, sometimes tans
- III Sometimes burns, always tans
- IV Rarely burns, always tans
- V Brown, moderately pigmented skin
- VI Dark Brown skin

Are you concerned with any of the following problems? Circle all that apply to you.

Whiteheads	Blackheads	Oily Complexion	Acne - Where? _____
Rosacea	Eczema	Psoriasis	Fine Lines
Wrinkles	Age Spots	Hyperpigmentation	Hypopigmentation
Moles	Warts	Ingrown Hairs	Dilated Capillaries
Dry Scalp	Dehydration	Cellulite	Unwanted Hair
UV Damage	Facial Folds	Acne Scars	Large Pores
Dry Skin	Blemishes	Spider Veins	Varicose Veins