

# Information in preparation for your Aesthetics appointment

MACQUARIE  
SKIN  
CLINIC.

## Your details

Surname		Given name		
Preferred name		Title (Mr/Mrs/Ms/Dr etc.)	Male Female	
Address				
Suburb		State	Postcode	DOB
Occupation		Employer		
Email address				
Telephone	Home	Work	Mobile	
Which of the above is your preferred phone number to contact regarding results, recalls or an appointment?				
Emergency contact name		Contact number		
Were you referred/recommended to the clinic? If so, by whom?				
Medicare number		Reference number	Expiry	

## Reason for visit/areas of concern (please select all relevant)

Injectables (fillers/antiwrinkle)	Skin lesions/Spots	Acne
Rosacea/Redness/Broken capillaries/Flushing	Pigmentation	Skin quality/Rejuvenation
Other (please give a brief description)		

## Medical details

Please provide details of your medical history (including any history of skin cancer)	
Are you on any medication at present? If yes, please provide details	
Do you have any allergies? If yes, please provide details	
History of cold sores? Yes No	Are you pregnant/breastfeeding? Yes No

## Active skin problems? (e.g. Rosacea, Acne, Eczema)

Do you have any active skin problems? If yes, please provide details