

**PATIENT QUESTIONNAIRE**

NAME: \_\_\_\_\_  
*First Name* *Last Name*

EMAIL: \_\_\_\_\_  
*Granting permission to provide electronic communication, educational information & promotions*

DATE OF BIRTH: (D) \_\_\_\_\_ (M) \_\_\_\_\_ (Y) \_\_\_\_\_  MALE  FEMALE  OTHER

PHONE: (Best Daytime Number) \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

MOBILE PHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT/UNIT # \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

ASA HERBAL PRODUCTS \_\_\_\_\_ Do you have ODSB or Trillium Drug Plan? (circle)

DRUG ALLERGIES: \_\_\_\_\_ PREGNANT:  YES  NO

REFERRED BY: \_\_\_\_\_

MAIN REASON FOR CONSULT? \_\_\_\_\_

**MEDICAL HISTORY:**  Diabetes  Arthritis  Bleeding Disorders  Hepatitis  Myasthenia Gravis

Acne  Eczema  Psoriasis  Rosacea  Vitiligo  Cold Sores  Keloids  Cancer  HIV

Other \_\_\_\_\_

How did you hear about us?  Physician  Website  Friend \_\_\_\_\_

**Are you interested in Cosmetic Dermatology Services?**  YES  NO

Botox  Injectable Fillers  Our Skin Care Products  Photorejuvenation (IPL)  Treatment of Facial Veins

Sclerotherapy  Chemical Peels  Microdermabrasion  Improving Skin Tone/Texture/Colour  Latisse

Improving Sun Damaged Skin  Eliminating Excessive Sweating  Medical Grade Facials

**\*\*\*Please bring your completed questionnaire and and your OHIP (healthcard) to your appointment \*\*\***