



9188 E San Salvador Dr.
Suite 205
Scottsdale, AZ 85258
Phone: 480.336.4195
Fax: 480-999-4968
www.deserthh.com

New Patient Intake/Consent Form

Date_____

Name_____ Age _____ DOB* _____

Address _____ City _____ Zip_____

E-mail Address_____ Cell Phone_____

Emergency Contact name _____ Phone # _____

Occupation _____ Marital Status _____

Height _____ Weight _____ Food/Medication
allergies: _____

Weekly alcohol intake: 1-3 drinks/4-7 drinks/7-11 drinks/12+ Smoker: Past/Present/Never

List any prescription medications including dose:

- 1.
- 2.
- 3.

List any herbal/vitamin supplements:

- 1.
- 2.



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Past medical history

1. High Blood pressure? Y/ N 2. Heart disease? Y/ N 3. Thyroid disorder? Y/ N 4. Cancer? Y/N
5. Neurological disorder? Y/N 6. Kidney or Liver disease? Y/N 7. Glaucoma? Y/N 8. Diabetes? Y/N
9. Breathing problems? Y/ N 10. Abnormal EKG? Y/ N 11. Any implantable device including cheek or chin implant? Y/N

Other- please list

Women- Are you pregnant? Y/ N Breastfeeding? Y/ N

Last Menstrual Period date _____

Aesthetics interest Questionnaire (please fill out if receiving any cosmetic treatment):

What most concerns you about your appearance (please circle):

Wrinkles/Fine lines, Laugh lines, volume loss, dark circles/tired eyes, dark spots, smoker's lines, lip volume, aging hands, hooded eyelids, dry skin, double chin/jawline definition, jowls.

Are you interested in a B12 shot today? Y/N

How did you hear about us?

Other concerns:

I consent to treatment as a new patient performed by Megan Davies MSN, FNP-BC and anyone whom she designates

Patient Signature

Date