

## REGISTRATION FORM

Welcome to our Institute!

The dermaesthetics team wants to make your stay with us as pleasant as possible. To set up your personal file and to keep everything running smoothly, we first need some information from you. Please answer the following questions completely and correctly. All information you provide is subject to medical confidentiality laws per §203 of Criminal Code (StGB).

### Personal details

First Name \_\_\_\_\_ Surname \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Profession \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_  
Post Code, City, Street, No. \_\_\_\_\_  
Insurance/Responsible Party \_\_\_\_\_

### About your health

Are you suffering from any serious diseases that you are aware of?

No  Yes, please specify \_\_\_\_\_

Are you currently receiving medical treatment?

No  Yes, please specify \_\_\_\_\_

Are you currently taking prescription medications?

No  Yes, please specify \_\_\_\_\_

Do you suffer from hypersensitivities or allergies?

No  Yes, please specify \_\_\_\_\_

Do you experience occasional skin reactions (herpes, acne, rosacea, etc.)?

No  Yes, please specify \_\_\_\_\_

Are you currently suffering from an infectious disease (hepatitis, tuberculosis, HIV, MRSA, etc.)?

No  Yes, please specify \_\_\_\_\_

Are you pregnant or nursing?

No  Yes, I am pregnant in month \_\_\_\_\_  Yes, I am nursing

Have you had other surgeries incl. cosmetic (plastic) surgeries?

No  Yes, please specify \_\_\_\_\_

Have you had cosmetic treatments?

- No     Peels     Acid Peels     Lifts     Injections  
 Botox     Hyaluronic Acid     Microderm Abrasion     Ultrasound     Needling  
 Other, please specify \_\_\_\_\_

When was your last cosmetic treatment performed? How often?

\_\_\_\_\_

Do you have any metal objects implanted in your body (pacemakers, implants, piercings, etc.)?

- No     Yes, please specify \_\_\_\_\_

Do you wear contact lenses?     No     Yes

Do you exercise?     No     Yes, how often? \_\_\_\_\_

Which cosmetics/beauty products do you use at home and when?

Morning \_\_\_\_\_

Evening \_\_\_\_\_

### About your skin health

What are needs and problems do you have with your skin? Does something about your skin bother you?

\_\_\_\_\_

What would you like to achieve with today's treatment?

\_\_\_\_\_

Have you already investigated cosmetic treatments? If so, which ones?

\_\_\_\_\_

### For your information

Your satisfaction is our goal. To ensure that we keep everything flowing smoothly, we have set up an appointment management system. By signing below, you agree to our rules regarding appointments and cancellations.

Our Institute works with a fixed schedule, which means that we will reserve an appointment exclusively for you. Therefore, we are usually unable to fill up time slots that become available due to short-notice cancellations.

If you are unable to make an appointment, please let us know either by telephone or email ([institut@dermasthetics.de](mailto:institut@dermasthetics.de)) at least 24 hours in advance. If your appointment is scheduled for a Monday, please let us know by noon the previous Friday.

If you fail to show up for your appointment without cancelling, we will have to charge you 50% of the planned treatment cost.

Thank you for your understanding!

How did you hear about us?

- Advertising     Internet     Recommendation     Miscellaneous \_\_\_\_\_

Frankfurt am Main, \_\_\_\_\_ Signature \_\_\_\_\_

With your signature you confirm that the information you have provided is complete and accurate and that you give us your consent to store your personal information in our records.