

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) 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.