



## Patient Intake Form

### How Did You Hear About Us?

Facebook \_\_\_ Website \_\_\_ Referred By: \_\_\_\_\_ Other (please list) \_\_\_\_\_

### Personal Information

Name	Date of Birth
Address	Gender <span style="float: right;">Male / Female</span>
City, State	Home Phone
Zip Code	Work/Mobile Phone
Email Address	

### Skin Type Assessment

Ethnicity			
Last exposed to UV (sun or tanning bed)			
Passive tan?	Yes / No	Self-tanning lotion?	Yes / No

### To Be Filled Out By Clinician

Fitzpatrick Skin Type	I	II	III	IV	V	VI
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