



830-331-9600
mcraemd@gmail.com
Medicine
mcraemd.net

Elizabeth McRae MD, FACP
Board Certified Internal
Aesthetic Medicine

Today's Date: _____ Primary Care Physician: _____
Pharmacy: _____ Pharmacy #: _____

Last Name: _____ First Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____
Marital Status: _____ Sex: _____
Date of Birth: _____ Age: _____
Home Phone: _____ Cell Phone: _____
Occupation: _____ Employer: _____
How did you hear about us? _____
Email address: _____
Alle Rewards Number: _____

In Case of Emergency:

Name: _____ Relationship to Patient: _____
Home #: _____ Work/Cell #: _____

The above information is true to the best of my knowledge. I understand that I am financially responsible for all services at the time of service and that *McRae MD Medical Laser Center* does not submit to insurance for any services provided here.

Patient/Guardian Signature

Today's Date



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Have you ever been diagnosed with any of the following:

Heart Murmur _____ Circulatory Problems _____ Phlebitis _____
Blepharoplasty _____ Do you wear contacts? _____ Skin Cancer _____
Fainting/Dizzy Spells _____ Hyperpigmentation _____ Allergies _____
Keloids _____ High Blood Pressure _____ Diabetes _____
Thyroid Disease _____ Bleeding Disorder _____ Hepatitis _____
Herpes Simplex _____ Chemotherapy/Radiation _____ Asthma _____
Tumors/Growths _____ Corneal Abrasions _____ Do you smoke? _____

List all medications you are currently taking:

Name: _____ Dose: _____ Frequency: _____
Name: _____ Dose: _____ Frequency: _____
Name: _____ Dose: _____ Frequency: _____
Name: _____ Dose: _____ Frequency: _____

List any drug, makeup, food or skin allergies:

Allergic To: _____ Reaction: _____
Allergic To: _____ Reaction: _____
Allergic To: _____ Reaction: _____



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Allergic To: _____ Reaction: _____

General Questions:

Have you been on Accutane in the past nine months? _____

Laser Resurfacing in the past year? _____

Are you using or have you used Retin-A? _____
If so, when was your last application? _____

Are you pregnant? _____
If so, how far along are you? _____

Have you ever been tested for HIV? _____
If so, results? _____

Do you have an immune disorder that would impair the healing process? _____

Are you prone to general herpes breakouts? Cold Sores? _____

Do you have any venereal diseases? _____
If so, what are they? _____

What is your natural hair color? _____

What is your natural eye color? _____

Have you recently undergone a skin peel? _____
If so, how long ago? _____

When did you last tan your skin? _____

When were you last exposed to sun, tanning beds, creams? _____

Have you ever had sclerotherapy? _____
If so, how long ago? _____

When a scar appears on your skin, is it significantly darker in color? _____

Are you currently taking birth control pills? _____

Are you taking oral or injectable steroids? _____



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What about your skin are you hoping to improve?

Fine Lines _____ Wrinkles _____ Pigment _____ Acne _____
Sun Damage _____ Scars _____ Hair Growth _____ Fat _____
Nail Fungus _____ Skin Laxity _____ Aging _____ Vessels _____
Leg Veins _____ Other _____

Previous Cosmetic Treatments:

Acid Peel: _____ Face Lift: _____ Laser Surgery: _____
Botox: _____ Collagen: _____ Microdermabrasion: _____

Skin Type:

Fitzpatrick Skin Test (check the one that describes your skin)

- _____ Type 1: always burn, never tans. Red hair, blonde hair, light eyes.
- _____ Type 2: somewhat tans, mostly burns.
- _____ Type 3: sometimes burns, mostly tans, also known as olive complexion.
- _____ Type 4: rarely burns, almost always tans, also known as olive complexion.
- _____ Type 5: moderately pigmented (Indian, Persian, light African-American)
- _____ Type 6: African-American



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Skin Type:

Oily Normal Dry Sensitive Combination

Skin Condition:

Rough Texture Sun Damage Acne Pigmentation Large Pores

Areas Of Concern:

Oily/Acne Aging Dry Skin Uneven Tone
 Maintenance/Prevention

Skin Care Regimen (Specify products you are currently using):

Cleanser _____

Exfoliant _____

Treatment _____

Hydration _____

Sunscreen _____

Make-up Line _____



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Cancellation & No- Show Policy

We work very hard to accommodate all of our patients, and while we understand that emergencies do happen, we kindly ask for a 24 hour notice to cancel or reschedule your appointment.

If a cancellation was made within 24 hours of your appointment or you failed to show for your scheduled appointment time, you may be charged a \$25.00 fee.

Late Policy

Our doctor and staff aim to make your visit a pleasurable one. In our efforts to make your visit more comfortable and to minimize your wait time, our office has implemented a late arrival policy.

If a patient is more than 15 minutes late for an appointment, the appointment may need to be rescheduled. This is to ensure that all of the patients who arrive on time do not wait longer than necessary to see the provider. You may be given the option to wait for another appointment time on the same day if one is available. We will try to accommodate late-comers as best as possible, but cannot compromise on the quality and timely care provided to our other patients.

New patients are encouraged to fill out new patient paperwork available on our website. If you are unable to complete the paperwork beforehand from our website, please arrive 20 minutes before your scheduled appointment to fill out the paperwork.

At McRae MD Medical Laser Center, we truly appreciate your compliance and understanding with this policy so that we can continue to provide excellent care and customer service.

Refunds & Product Returns

Service packages and pre-paid treatments are not subject to refunds. Packages and pre-paid treatments are good for 1 year after the date of purchase. If for some reason you are not satisfied with an unrendered, pre-paid service, the remaining balance can be used towards other services at McRae MD Medical Laser Center.

In the event that a client is not satisfied with a skin care product or unable to use a skin care product, it can be returned for store credit within 15 days of purchase.



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Privacy Policy

McRae MD Medical Laser Center takes privacy seriously. We ensure that the staff at McRae MD Medical Laser Center will not discuss client treatments with any other clients.

Tipping And Gratuity

McRae MD Medical Laser Center is a non-tipping facility. Tipping is not customary at McRae MD Medical Laser Center because we are a medical facility. The best tip we can receive is your repeat business and referrals.

Payments

All payments are due in full at the time of service. All packages are due in full at the time of the first treatment session. We accept cash as well as major credit cards including Visa, Mastercard, Amex and Discover. For your convenience we offer financing options with CareCredit. We do not offer internal financing options. Unfortunately, we cannot grant any exceptions to this policy.

By signing below, you acknowledge and agree to comply to the policies listed above and on the previous page.

Patients Name: _____

Patients/Guardian Signature: _____

Today's Date: _____



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HIPPA Policy

This form permits McRae MD Medical Laser Center to use and/or disclose your identifiable health information to include the date and type of treatment you received. Your information will only be shared with the individuals that you list below. This authorization has no expiration date but may be revoked at any time in writing.

By signing this authorization, I authorize McRae MD Medical Laser Center to use and/or disclose certain protected health information to:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I do not want my information released to anyone: _____

Patient Signature: _____ Today's Date: _____



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Photo/Video Release

I hereby grant permission to McRae MD Medical Laser Center, to use photographs and/or video of me taken on _____ at McRae MD Medical Laser Center in publications, news releases, online, and in other communications related to the mission of McRae MD Medical Laser Center.

I hereby release McRae MD Medical Laser Center and its legal representatives for all claims and liability relating to said images or video.

Furthermore, I grant my permission to use my statements that were given during an interview or guest lecture, with or without my name, for the purpose of advertising, educating, training and publicity without restriction. I waive my right to any compensation.

I acknowledge that I am:

_____ over the age of 18

_____ the legal guardian of the following person _____

Patient Name: _____

Patient/Guardian Signature: _____

Today's Date: _____



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