



# Dr. A.M. Kahane, Inc

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CONSENT SIGNED \_\_\_\_\_  
PATCH TEST \_\_\_\_\_  
POST TX INSTRUCTIONS \_\_\_\_\_  
LHR \_\_\_\_\_  
SR/HR \_\_\_\_\_  
SB \_\_\_\_\_  
INJ \_\_\_\_\_

## CONSULTATION FORM

*Please Print Clearly*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Work Tel: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Tel: \_\_\_\_\_

Male:  Female:

Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Referred by: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

PHN: \_\_\_\_\_

Please check the following about your medical history if it pertains to you:

- |  |  |
|--|--|
| <input type="checkbox"/> Allergies to metal, med. Tape         | <input type="checkbox"/> Use bleaching creams          |
| <input type="checkbox"/> On antibiotics/Acne medication        | <input type="checkbox"/> Use Retinoic Acid, AHA Creams |
| <input type="checkbox"/> Accutane (past or present)            | <input type="checkbox"/> Use self-tanning creams       |
| <input type="checkbox"/> Skin Cancer                           | <input type="checkbox"/> Recent Surgery                |
| <input type="checkbox"/> Abnormal moles                        | <input type="checkbox"/> Mod-Deep Chemical Peels       |
| <input type="checkbox"/> Psoriasis/other skin disorders        | <input type="checkbox"/> Pregnant or Breast Feeding    |
| <input type="checkbox"/> Used drugs to stop hair growth        | <input type="checkbox"/> Menopausal                    |
| <input type="checkbox"/> Diabetes                              | <input type="checkbox"/> Irregular periods             |
| <input type="checkbox"/> Seizures                              | <input type="checkbox"/> Hormone Problem               |
| <input type="checkbox"/> Injectable gold therapy (ever?)       | <input type="checkbox"/> On Birth Control Pills        |
| <input type="checkbox"/> Recent sun-tanning or tanning bed use | <input type="checkbox"/> Recurrent skin infection      |
| <input type="checkbox"/> Abnormal (KELOID) scarring            | <input type="checkbox"/> Been on fertility drugs       |
| <input type="checkbox"/> History of cold sores                 | <input type="checkbox"/> Pacemaker                     |
| <input type="checkbox"/> Genital Herpes                        | <input type="checkbox"/> Autoimmune Disorder           |
| <input type="checkbox"/> Laser Skin Resurfacing                | <input type="checkbox"/> Smoker                        |

Area(s) to be treated: \_\_\_\_\_

Main Concerns: \_\_\_\_\_

Technician: \_\_\_\_\_

Declaration: The technician has fully explained the "Cancellation Policy." I understand that there will be a \$50.00 charge for missed appointments that have not been cancelled 48hrs in advance.

Client: \_\_\_\_\_