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Mira Kaga, MD
Board Certified
Internal & Aesthetic Medicine

Aesthetic Registration Form

Todays' Date:	Primary Care Physician:

Pharmacy Information

Pharmacy Name	Phone
Street	City
State	Zip

Patient Information

Last Name	First Name
Prefix ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.	Is This Your Legal Name? ☐ Yes ☐ No If not, what is your legal name?
Sex ☐ Male ☐ Female	Age
Date of Birth / /	Cell Phone

How Did You Hear About Us (Please Check One Box)

☐ Doctor	☐ Insurance Plan	☐ Hospital	☐ Friend/Family	☐ Close To Work / Home
☐ Other	☐ Yellow Pages	☐ Instagram	☐ Facebook	☐ Google Search

Other Family Members Seen Here

Email Address @ .com

Home Address

Street	City
State	Zip

In Case Of Emergency

Name of Local Friend Or Relative (not living at same address)	Relationship to Patient
Home Phone	Work Phone

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize The Kaga Institute to release any information required to process my claims.

Patient/Guardian Signature

/ /
Today's Date

Have You Ever Been Diagnosed With Any Of The Following ☐ No Diagnoses

Heart murmur	☐ Yes ☐ No	Circulatory problems	☐ Yes ☐ No	Phlebitis	☐ Yes ☐ No
Blepharoplasty	☐ Yes ☐ No	Do you wear contacts?	☐ Yes ☐ No	Skin cancer	☐ Yes ☐ No
Fainting/Dizzy Spells	☐ Yes ☐ No	Hyper-Pigmentation	☐ Yes ☐ No	Allergies	☐ Yes ☐ No
Keloids	☐ Yes ☐ No	High blood pressure	☐ Yes ☐ No	Diabetes	☐ Yes ☐ No
Thyroid disease	☐ Yes ☐ No	Bleeding disorder	☐ Yes ☐ No	Hepatitis	☐ Yes ☐ No
Herpes simplex	☐ Yes ☐ No	Chemotherapy/ radiation	☐ Yes ☐ No	Asthma	☐ Yes ☐ No
Tumors/Growths	☐ Yes ☐ No	Corneal abrasions	☐ Yes ☐ No	Do you smoke?	☐ Yes ☐ No

List all medications you are currently taking ☐ No Medications

Medication Name	Dose	Frequency Taken
Medication Name	Dose	Frequency Taken
Medication Name	Dose	Frequency Taken

List any drug, makeup, food, or skin allergies ☐ No Allergies

Allergic To	Allergic Reaction
Allergic To	Allergic Reaction

General Questions (Part 1)

Have you been on Accutane in the past nine months?	☐ Yes ☐ No
Laser resurfacing in the past year?	☐ Yes ☐ No
Are you using, or have ever used Retin-A?	☐ Yes ☐ No
If so, when was your last application?	
Are you pregnant?	☐ Yes ☐ No
If so, how far along are you?	
Have you ever been tested for HIV?	☐ Yes ☐ No
If so, results?	
Do you have an immune disorder that would impair your healing process?	☐ Yes ☐ No
Are you prone to general herpes breakouts? Cold sores?	☐ Yes ☐ No
Do you have any venereal diseases?	☐ Yes ☐ No
If so, what are they?	
What is your natural hair color?	☐ Black ☐ Brown ☐ Blonde ☐ Red
What is your natural eye color?	☐ Brown ☐ Hazel ☐ Green ☐ Blue

General Questions (Part 2)

Have you recently undergone a skin peel?	☐ Yes ☐ No
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?	☐ Yes ☐ No
If so, how long ago?	
When a scar appears on your skin, is it is it significantly dark in color?	☐ Yes ☐ No
Are you currently taking any birth control pills?	☐ Yes ☐ No
Are you taking oral or injectable steroids?	☐ Yes ☐ No
Going back three generations what is your family ancestry?	

Skin Type

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

☐ Type 1: always burns, 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.

Skin Care Regimen (Specify products you are currently using)

Cleanser	Exfoliant	Treatment	Hydration

Patient/Guardian Signature

/ /
Today's Date