



DR. CRAIG LAYT  
PLASTIC SURGEON

RESTORE REJUVENATE RESPECT

## PATIENT INFORMATION

Please read our Patient Information and Privacy Policy. After this please complete this form to the best of your knowledge and sign once completed. Thank you.

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Title:  Dr /  Mrs /  Miss /  Ms /  Mr /  Master /  Other: \_\_\_\_\_

Given Names: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Post code: \_\_\_\_\_

Date of Birth (DOB): \_\_\_\_\_ Marital Status: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is there any chance you could be pregnant? \_\_\_\_\_

Do you go to tanning booths? \_\_\_\_\_ Are you currently sun/wind burnt/fake tanned? \_\_\_\_\_

Have you had any  dermal fillers  botox  microdermabrasion  IPL  facial peels  facial waxing/electrolysis/or  use depilatories in the last week? \_\_\_\_\_

Describe reaction \_\_\_\_\_

What is your occupation? \_\_\_\_\_

Do you participate in vigorous sports or aerobic activity? \_\_\_\_\_

Have you had recent facial surgery? \_\_\_\_\_

Are you allergic to:  milk  apples  citrus  grapes  Aloe Vera  Aspirin or  essential oils?

Do you have any other allergies? \_\_\_\_\_

Are you using any of the following?  Retin A  Roaccutane  Hormone replacement or other medication? If so please list: \_\_\_\_\_

Do you use Glycolic/AHA home care products (please state) \_\_\_\_\_

How does your skin react to them? \_\_\_\_\_

Have you ever used any products that have caused a bad reaction? (Please state) \_\_\_\_\_

Do you smoke? \_\_\_\_\_ How many a day? \_\_\_\_\_

Do you get cold sores? \_\_\_\_\_

Suite 1, AHC House, 14 Carrara Street, Benowa QLD 4217  
32 Tamar Street, Ballina 2478  
Ph: (07) 5597 4100 Fax: (07) 5597 6100  
[www.drlyt.com](http://www.drlyt.com)

**Current skin care régime:**

Cleanse:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Tone:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Topical vitamin C:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Moisturize:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sunblock:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Night cream:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Topical vitamin A:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Eye cream:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other:	_____			

**Would you like any further information on:**

<input type="checkbox"/> Thermage	<input type="checkbox"/> Dimpled chin
<input type="checkbox"/> Jane Iredale Makeup	<input type="checkbox"/> Leg veins
<input type="checkbox"/> Skin Care	<input type="checkbox"/> Excessive sweating
<input type="checkbox"/> IPL	<input type="checkbox"/> Downward turned mouth
<input type="checkbox"/> Microdermabrasion	<input type="checkbox"/> Crow's feet
<input type="checkbox"/> Facials	<input type="checkbox"/> Frown lines
<input type="checkbox"/> Forehead lines	<input type="checkbox"/> Neck aging
<input type="checkbox"/> Brow droop	<input type="checkbox"/> Permanent hair removal
<input type="checkbox"/> Sun damage	<input type="checkbox"/> Lip enhancement
<input type="checkbox"/> Facial surgery	<input type="checkbox"/> Breast & body surgery

What are your skin concerns at present and what would you like corrected? \_\_\_\_\_

**How did you hear about us:**

GP / Specialist: Please Name: \_\_\_\_\_

Yellow Pages: \_\_\_\_\_

Radio: Please Name: \_\_\_\_\_

Friend: Please Name: \_\_\_\_\_

Magazine: Please Name: \_\_\_\_\_

Internet: Please list details: \_\_\_\_\_

Other Promotion: Please list details: \_\_\_\_\_

Other: Please Name: \_\_\_\_\_

Tick here if you do not wish to receive special Promotions and Newsletters.

\_\_\_\_\_  
**SIGNATURE** – (Parent/Guardian to sign if patient is under 18 years of age)

\_\_\_\_\_  
**PRINT NAME**

**You will be required to sign this form at your appointment.**

**This information is correct to the best of my knowledge and I have read the Privacy Policy Statement.**

**This information is collected to provide you with the quality care you deserve and is treated with the confidentiality required in the provision of that care. Some information may need to be communicated to other professionals in order to facilitate your care.**

Thank you for your assistance.

**Clinical Use only**

Normal, oily, T-Zone, Combination, Freckled, Sun-Damaged, Uneven/Blotchy

Mature, Wrinkled, Saggy, Firm, Large pores, Small pores, Acne, Milia

Blackheads, Breakouts, Cysts, Scarring, Melasma, Rosacea, Telangiectasia

Broken Capillaries, Hyper pigmented.

Sensitive or Resilient skin

Eye Colour: Blue, Green, Hazel, Grey Light, Brown, Dark Brown

Hair Colour: Blonde, Red Light, Brown, Medium Brown, Dark Brown, Black, Grey/Silver White

Skin Tone: Pale/white, Light Reddish?Freckles, Light Olive, Medium, Olive, Dark Olive, Brown, Black

Heritage: \_\_\_\_\_

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