

How did you hear about us?

Cosmetic Medical History

Name _____ Date of Birth ___ / ___ / ___ Today's Date ___ / ___ / ___

Reason for today's visit: _____

Please circle your cosmetic concerns:

Sun spots / Age Spots	Wrinkles	Birthmarks- Brown/Red
Spider veins Face	Telangiectasia	Red spots- cherry angiomas
Hyperpigmentation	Rosacea	Leg Veins
Acne Scars	Large pores	Actinic Keratoses / Precancers
Surgical scars	Hypertrophic scars	Laser Hair removal
Sagging Skin	Lines around mouth/eyes	Discuss Skin care regimen

Previous Cosmetic Treatments/Surgeries* _____

What current skin care products are you using? _____

Are you allergic to any medications, including skin related allergies? Yes No

If yes, which medication? _____

Have you ever had an allergic reaction to anesthesia/injections? Yes No

List all medications you are currently taking (including prescriptions, over-the-counter meds, vitamins, herbals):

Are you pregnant, nursing, or planning a pregnancy soon? Yes No _____

Have you ever had skin cancer? Yes No If yes, _____

Has anyone in your family had skin cancer? Yes No

Do you have a history of any specific skin diseases? Yes No If yes, _____

Do you have problems with healing? Yes No

Do you develop keloids (scars) after surgery? Yes No If yes, _____

Do you bleed easily? Yes No

Do you develop skin rashes in reaction to Medications Food Environment Bandages Topical

Neosporin Other _____

Do you smoke? Yes No If yes, how much: _____

Do you drink? Yes No If yes, _____ drinks per day

Have you had or have been exposed to HIV (AIDS), Hepatitis A, B, or C? Yes No

If yes, _____

Have you ever had cold sores or fever blisters? Yes No

When was last breakout? _____

What is your occupation? _____ Hobbies? _____

Mark your skin type (when exposed to the sun for about 1 hour with no protection):

Skin Type	Skin Color	Characteristics
I	White; very fair; red or blond hair; blue eyes; freckles	Always burns, never tans
II	White; fair; red or blond hair; blue, hazel, or green eyes	Usually burns, tans with difficulty
III	Cream white; fair with any eye or hair color; very common	Sometimes mild burn, gradually tans
IV	Brown; typical Mediterranean Caucasian skin	Rarely burns, tans with ease
V	Dark Brown; mid-eastern skin types	very rarely burns, tans very easily
VI	Black	Never burns, tans very easily

When did you last get a tan? _____

Do you wear a sunscreen daily? Yes No

Do you use chemical (sunless) sun tanning lotions? Yes No

Do you have any upcoming social events? Yes No If yes, _____

Patient Signature _____ Date _____

Reviewed by _____ Date _____