



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex: Male Female  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**What concerns bring you to us today?**

|                             |                    |                                    |         |
|-----------------------------|--------------------|------------------------------------|---------|
| Forehead lines              | Thin lips          | Large Pores                        | Tattoos |
| Frown Lines                 | Facial Volume loss | Irregular pigmentation             |         |
| Crow's feet lines           | Flattened cheeks   | Redness or vessels                 |         |
| Sparse lashes               | Skin Texture       | Hair growth                        |         |
| Lines around mouth and nose | Skin Tone          | Body Sculpting to the _____ Region |         |

**Are you pregnant? Y\_\_ N\_\_ Are you nursing? Y\_\_ N\_\_ Are you planning on becoming pregnant? Y\_\_ N\_\_**

**Are you currently taking ACCUTANE or have you taken this in the last 6 months? Y\_\_ N\_\_**

**What is your daily skincare regimen? \_\_\_\_\_**

**How would you describe your skin type?**

Very oily, large pores       Oily skin       Combination skin, oily in T-zone, dry to normal cheeks  
 Dry Skin       Sensitive skin

**Past Personal Medical History: (please circle all that apply)**

|                    |                            |                     |                    |
|--------------------|----------------------------|---------------------|--------------------|
| Anemia             | Chronic Cough              | Heart Murmur        | Multiple Sclerosis |
| Arthritis          | Cold Sores                 | Irregular Heartbeat | Phlebitis          |
| Artificial Joint   | Colitis                    | Pacemaker           | Seizure Disorder   |
| Autoimmune Disease | Connective Tissue Disorder | Defibrillator       | Stroke             |
| Bleeding Disorder  | Diabetes                   | Herpes Simplex      | Thyroid Disorder   |
| Blood Clots        | Dialysis                   | Hepatitis B or C    | Tuberculosis       |
| Breast Cancer      | Depression                 | High Blood Pressure | Ulcers             |
| Bronchitis         | Fibromyalgia               | High Cholesterol    | Metal Implants     |
| Burns              | Heart Disease              | HIV/AIDS            | Raynaud's          |
| Cancer             | Heart Valve                | Migraines           |                    |



**SUN HISTORY AND LIFESTYLE**

|                                    |                                     |                                       |  |
|------------------------------------|-------------------------------------|---------------------------------------|--|
| How often are you outdoors?        | <input type="checkbox"/> Frequently | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Rarely          |
| How often do you use sunscreen?    | <input type="checkbox"/> Frequently | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Rarely or Never |
| How often do you use tanning beds? | <input type="checkbox"/> Frequently | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Rarely or Never |

**Past Personal Skin History: (please circle all that apply)**

|                          |                            |           |                  |              |
|--------------------------|----------------------------|-----------|------------------|--------------|
| Undiagnosed Skin Lesions | Connective Tissue Disorder | Melanoma  | Shingles         | Keloid Scars |
| Actinic Keratosis        | Serious Skin Infection     | Psoriasis | Eczema           |              |
| Basal Cell Skin Cancer   | Squamous Cell Skin Cancer  | Lupus     | Pigment Disorder |              |

**Have you ever seen a dermatologist or plastic surgeon for your skin? Y\_\_ N\_\_**

**If yes, explain:** \_\_\_\_\_

**Family History: (please circle all that apply)**

|         |          |               |                      |              |
|---------|----------|---------------|----------------------|--------------|
| Adopted | Diabetes | Heart Disease | Autoimmune Disorders | Skin Disease |
| Cancer  | Melanoma | Stroke        | High Blood Pressure  |              |

**Review of Systems: (please circle) Do you currently have any of the following symptoms:**

|                      |            |                   |          |                       |
|----------------------|------------|-------------------|----------|-----------------------|
| Poor General Health  | Headache   | Suspicious Moles  | Flushing | Bleeding Tendencies   |
| Swollen Lymph Nodes  | Chest Pain | Swollen Legs/Feet | Itching  | Heat/Cold Intolerance |
| Circulation Problems | Numbness   | Easy Bruising     | Swelling | Non-healing Sores     |
| Rashes               | Fainting   |                   |          |                       |

**Prescription/OTC Medications**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medication Allergy and Reaction**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Latex allergy? Y\_\_ N\_\_ Iodine allergy? Y\_\_ N\_\_

**Topical Medications**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Surgeries?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fitzpatrick Skin Typing****Which best describes you?**

|        |  |
|--------|--|
| Type 1 | Very white or freckled skin, always burns with sun exposure<br>(very fair; often in people with red or blond hair and blue eyes) |
| Type 2 | White skin, usually burns with sun exposure<br>(fair, often in people with red or blond hair and blue, green, or hazel eyes)     |
| Type 3 | White or olive skin tone, sometimes burns with sun exposure<br>(fair, seen in people with any hair or eye color)                 |
| Type 4 | Brown skin, rarely burns with sun exposure<br>(common in people of Mediterranean descent)  |
| Type 5 | Dark brown skin, very rarely burns with sun exposure<br>(common in people of Middle-Eastern descent)                             |
| Type 6 | Black skin, never burns with sun exposure  |

Photos will be taken prior to cosmetic treatment and will remain in your medical record. If Visia complexion analysis is used, I consent to uploading my images to the View My Consult portal. It alone will have access to the uploaded images through a secure portal entry. Products purchase in office are not eligible for return or refund.

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

Reviewed By: \_\_\_\_\_