

Consultation & Medical History for Cosmetic Treatments



Last Name: _____ First Name: _____ Date: _____
Mailing Address: _____
Date of Birth: _____ Age: _____ Email: _____
Phone: Home: _____ Cell: _____ Work: _____
Best number to confirm an appointment? (circle one) Home Cell Work May we leave a message? **Y / N**
Insurance: _____ Occupation: _____ Referred by: _____
Family Doctor: _____ Phone: _____
Pharmacy: _____ Phone: _____
Emergency Contact: _____ Phone: _____

Reason(s) for consultation...circle what bothers you the most: lines/wrinkles, texture, dryness, dull appearance, acne, acne scarring, blotchiness/uneven skin tones, freckles/brown (sun) spots, hair, blackheads, precancers, frown lines, folds around nose/mouth, redness/blood vessels, other _____

What specific areas do you want to treat? Face Neck Chest Back Other _____

Previous Cosmetic Treatments...circle: facials, microdermabrasion, chemical peels, laser, Botox, fillers, hair removal, intense pulsed light, fractional light, photodynamic therapy, CO₂ resurfacing, surgery type _____

Satisfaction, side effects and other results from previous treatments: _____

Fitzpatrick Scale: I Burns II Usually Burns III Sometimes Burns IV Rarely Burns
V Never Burns – “Brown” VI Never Burns – “Black” What is your Ethnicity and Race (heritage)? _____

Current Skin Care Regimen/Products:

Sunscreen Brand _____ SPF: _____ Daily use? **Y / N** Sunscreen only when outside? **Y / N**
Are you willing to wear a sun protection product all day, every day? **Y / N**

Circle which ones currently using: cleanser, moisturizer, anti-aging creams, Retin-A, Vitamin C, glycolic acid, firming creams, lighteners, face creams, other _____

AM Regimen _____

PM Regimen _____

Have you done any aggressive exfoliation to your skin in the last 2 weeks? **Y / N**

If yes, explain: _____

Do you have **ANY** allergies or skin sensitivities to medications, foods, Latex or other substances? **Y / N**

Please List _____

Do you take/use ANY medications, both prescription and non-prescription, herbal or natural supplements, or topical on a regular or daily basis? **Y / N**

Please List _____

MEDICAL HISTORY QUESTIONNAIRE

- Y / N** Do you have a history of 'cold sores', herpes I or II, or hepatitis? Type? _____
What do you usually take for this? _____
- Y / N** Do you have a history of diabetes, hypertension, cholesterol, or problems with wound healing?
- Y / N** Do you have any sensitivity to heat, i.e. heat rash or hives?
- Y / N** Do you have any history of seizures?
- Y / N** Do you have a history of migraine headaches?
- Y / N** Do you have a history of keloid or hypertrophic scarring or abnormal scarring?
- Y / N** Do you have any active infections or compromised ability to healing?
- Y / N** Do you take St. John's Wort or any anti coagulants? _____
- Y / N** Do you have any permanent make-up, implants or tattoos? _____
- Y / N** Do you have any open lesions in the area to be treated?
- Y / N** Have you taken Accutane in the last 6 months?
- Y / N** Have you had or are you undergoing any treatments for cancer? Type _____
- Y / N** Have you used any exfoliating creams or products (Retin-A, Differin, Glycolic Acids, Alpha-Hydroxy Acids) in the past 2 weeks?
- Y / N** Have you had mechanical epilation (plucking, tweezing, electrolysis or waxing) less than 4 weeks ago?
- Y / N** Have you had any unprotected sun exposure, used self-tanning creams or tanning beds in the last 4-6 weeks to the area to be treated?
- Y / N** Are you sensitive to sunscreens or anti-aging creams?
- Y / N** Do you wear contact lenses?
- Y / N** Have you even been diagnosed with Rosacea? If yes, when was the diagnosis made? _____
- Any other medical/health issues, please list _____

For Women Only:

- Y / N** Are you or could you be pregnant?
- Y / N** If you've ever been pregnant, did you ever experience hyperpigmentation or a 'pregnancy mask'?
- Y / N** Are your periods regular?
- Y / N** Are you going through menopause? Peri-menopause?
- Y / N** Do you take BCP's?
- Y / N** Do you take hormones?

To avoid misunderstandings please carefully read our Financial Policy listed here. Cosmetic appointments require a 25% deposit on your procedure to schedule. The balance is due after your first treatment. If you miss or cancel your appointment with less than 24 hours notice, you will be billed a \$50 cancellation fee and be required to leave a credit card number to rebook. There is a \$25 check return fee. Your signature below indicates that you understand and accept our policy, and the information contained in this document is correct.

Signature: _____

Date: _____