



Patient Medical Information

Allergies: _____

Patient: _____ **Date:** _____
Last Name First Name MI

Date of Birth: _____ **Age:** _____ **Gender (circle)** MALE FEMALE

Occupation: _____

Emergency Contact (name/phone number): _____

Who may we thank for referring you? _____

We specialize in a number of cosmetic procedures. Are you also interested in scheduling a consultation for any of the following? PLEASE CIRCLE

YES NO Laser treatment of wrinkles, broken blood vessels or brown spots

YES NO Treatment of deep wrinkles with Collagen, Restylane, Juvederm or fat

YES NO Liposuction (Tumescent)

YES NO Eyelid lift or mini facelift for jowls and neck

YES NO Botox treatment of frown lines or crow's feet

YES NO Spider (leg) vein treatment

Dermatology-related health questions

YES NO Previously diagnosed skin condition
Previous Dermatologist: _____
If YES, what condition(s)? _____

YES NO History of skin cancer If YES, what type? _____
(basal cell carcinoma, squamous cell carcinoma, melanoma, other)

YES NO History of pre-cancers If YES, what type? _____
(actinic keratoses or abnormal moles – atypical or dysplastic)

YES NO Family history of skin cancer What type? _____

YES NO Has anyone in your family had a MELANOMA? Who? _____

Skin type: FAIR MEDIUM DARK (circle one)

Ethnicity: _____

Place of Birth: _____

How many sunburns have you had since childhood? _____

Do you use sunscreen? _____

Do you work outdoors? _____

General health questions

Are you prone to or do you have any of the following conditions? PLEASE CIRCLE

YES NO Smoker

YES NO Autoimmune condition

YES NO Oral herpes

YES NO Radiation treatment

YES NO Tendency to bleed

YES NO Difficulty with wound healing

YES NO Diabetes

YES NO High blood pressure

YES NO Heart problems

YES NO Pacemaker/Defibrillator

YES NO Psychiatric disorder

YES NO Emotional disorder

YES NO Overgrown scars

YES NO Keloid scars

YES NO Hepatitis or HIV

YES NO Liver/Kidney disease

If you answered YES to any of the above questions, please explain:
