

Cosmetic Form

(Please print out and complete this form BEFORE your office visit.)

Name: _____

Today's date: _____

Please state your primary and secondary cosmetic concerns:

I am primarily concerned about

Secondary concerns include

I believe that a reasonable expectation of treatment would be

Previous cosmetic skin treatments:

- Previous laser treatments
- Previous IPL
- Previous skin tightening
- Microdermabrasion
- Face peels
- Products

Have you ever had a past history of difficulty with wound healing? ____

Have you ever had a past history of forming large scars or keloids? ____

Have you ever had a past history of unusual sensitivity to sunlight? ____

Sun exposure:

Current lifestyle includes rare, mild, moderate or severe sun exposure.

- past history of significant sun exposure.
- past history of blistering sunburns.
- history of tanning bed use.

Preventive measures:

Sun protection includes

- Avoidance
- Protective clothing
- Sunscreens

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Tobacco:

- Never
- Quit smoking in ____.
- Smoke(d) ____ pack(s) each day for ____ years.

Hair:

Unwanted hair is present in the following areas:

Methods of removing hair include:

- shaving
- plucking
- chemicals
- waxing
- previous laser/IPL hair removal attempts

Past Medical History:

Please list all of your current medical conditions:

- Have you ever had a past history of skin diseases? ____
- Have you ever had a past history of malignant melanoma? ____
- Have you ever had a past history of non-melanoma skin cancer? ____
- Have you ever had a past history of lupus? ____
- Have you ever had a past history of other collagen vascular diseases? ____
- Have you ever had a past history of oral herpes simplex and/or cold sores? ____
- Have you ever had a past history of vitiligo? ____
- Have you used Accutane or Amnesteem (Isotretinoin) in the last year? ____

Women:

- Have you ever had a past history of melasma? ____
- Are you currently pregnant? ____
- Do you plan to become pregnant in the next year? ____

Please list all of your current medications:

Please list all allergies to medications:

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Family History:

- Is there anyone in your family with malignant melanoma skin cancer? ____
- Is there anyone in your family with non-melanoma skin cancer? ____
- Is there anyone in your family with large scars or keloids? ____

Are there any significant upcoming social, family or professional events?
If so, please list them and their dates:
