

Female Patients: Are you pregnant? Yes No N/A

Breastfeeding? Yes No

What is your current birth control method? (circle one)

abstinent / condoms / hysterectomy / IUD / oral contraceptive / patch / post menopausal / tubal ligation / partner vasectomy

Medical History / Review of Systems: (Circle conditions that you have now or have had in the past)

Allergy to latex
Allergy to local anesthetic
Antibiotics with surgery
Asthma
Bleeding problem
Blood vessel disease
Bowel problems
Cancer
Chest pain
Dental / mouth problems
Depression / anxiety
Decreased thyroid
Diabetes
Difficulty healing wounds

Endocarditis
Eczema
Fever, fatigue, weakness
Hay fever / allergies (seasonal)
Headaches / seizures
Heart disease
Heart valve replacement
High blood pressure
History of Hepatitis B or C
HIV / AIDS
Hives
Joint replacement
Kidney disease
Liver disease

Lung disease
Lupus
Mitral valve prolapse
Muscle / joint ache
Pace maker / defibrillator
Psoriasis
Rheumatic fever
Rosacea
Shortness of breath / cough
Thickened scars
Urinary problems
Visual difficulty

Other major health issues: _____

Patient Skin Cancer History:

Have you ever had skin cancer? _____

Basal Cell Carcinoma: Where on body? _____ When treated? _____

Squamous Cell Carcinoma: Where on body? _____ When treated? _____

Malignant Melanoma: Where on body? _____ When treated? _____

Do you use sunscreen? Yes No SPF Strength _____

Do you have any family history of melanoma? Yes No If yes, who? _____

Social History? Occupation _____

Do you smoke? Yes No Alcohol Use? Yes No _____ drinks/wk Illicit Drug Use? Yes No

Are you interested in receiving more information about the following cosmetic services:

Skin Care Products / Facial Peels / Hair Removal / Leg Veins / Botox / Fillers for Wrinkles / Hair Restoration

Patient / Parent Signature: _____ Date: _____

MD / FNP Signature: _____ Date: _____

STAFF USE ONLY

Updated:

Patient Initials / Date

Patient Initials / Date

Patient Initials / Date

Provider Initials / Date

Provider Initials / Date

Provider Initials / Date