



Name:

Date:

DOB:

Address:

New Patient Profile

Phone: home

work

What issues would you like to discuss?

FACE: spots, acne, broken blood vessels, pores, wrinkles, sagging, neck problems

BODY excess fat, spots, blood vessels, acne, cellulite, sagging skin

HAIR REMOVAL face armpits bikini legs abdomen breasts other

What **cosmetic / skin treatments** have you had in the past?

When?

Results?

Peels / Microdermabrasion

Botox / Collagen / Restylane / Silicone / Thermage

Hair removal by laser / electrolysis / waxing / tweezing

Laser face resurfacing / Photofacials / laser therapy

Vein treatments by sclerotherapy / laser

Facelift / Eyelid surgery / Liposuction

Tanning booths / Chemical tanning lotions?

What are your **current skin care / makeup products**?

What are your current **medications / herbs / vitamins**?

What are you current or past **medical problems**? Any history of **skin cancer** or **diabetes**?

List all **Allergies**:

Who are your current **medical providers (physician /PA/NP)**?

Past Skin History:

Have you ever been on **Accutane**? When?

Do you use **tobacco**? What kind and how much?

Have you **ever** had **cold sores** / fever blisters / herpes infection? Last outbreak?

 What medication do you use for treatment?

Are you having any recent or current **acne** problems?

 What makes your acne worse or better?

Do you have any family members with **skin cancer** or precancerous skin lesions? Who?

How stable is your weight?

Do you **scar** abnormally after skin treatments or surgery or injuries?

 Keloids (hard and lumpy)

 Hyperpigment (Darken)

 Hypopigment (Lighten)

 Stay Red

Do you get ingrown hairs, dilated or broken **capillary** blood vessels, varicose veins, or **rosacea**?

How would you **describe your skin**? Dry Sensitive Oily Combination

What is your **occupation**?

Are you currently **pregnant or nursing a baby**?

How did you hear about us?

Signature _____

Reviewed by _____