

DERMA COSMEDICA

Medical History

Today's Date _____

Name _____ Date of Birth _____

Address _____

Social Security #: _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

How did you find out about us? _____

What type of problem are you consulting with us for?

- | | | |
|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Sun spots | <input type="checkbox"/> Sagging skin | <input type="checkbox"/> Hair Removal |
| <input type="checkbox"/> Wrinkles | <input type="checkbox"/> Cellulite | |
| <input type="checkbox"/> Enlarged blood vessels | <input type="checkbox"/> Rosacea | What area? |
| <input type="checkbox"/> Flushing of the skin | <input type="checkbox"/> Leg veins | _____ |
| <input type="checkbox"/> Large pores | <input type="checkbox"/> Acne | _____ |

How long have you had this problem? _____

Have you ever been treated for this problem?

If yes, when and by what method? _____

Are you taking any medication for your skin?

If yes, which medication? _____

Are you taking any of the following medications?

- Aspirin
- Coumadin (warfarin)
- Plavix
- Hormones
- Birth control pills
- Thyroid medication
- Steroids/Cortisone

Are you taking any other medication? _____

Are you taking any herbal preparation? _____

Are you pregnant, nursing or planning a pregnancy soon? _____

Do you have a history of any of the following?

- Keloid scarring
- Heart Disease
- Diabetes
- Bleeding disorders
- Skin cancer or suspicious moles
- Bruising
- Herpes simplex
- Polycystic Ovarian Syndrome

Have you had any allergic reactions to anesthesia? _____

Do you have any skin related allergies? _____

Do you have any allergies to any medication? _____

Do you wear contact lenses? _____

Have you ever had cold sores or fever blisters? _____

When were you last exposed to the sun (or a tanning booth)? _____

Do you use chemical sun tanning lotions? _____

Are you planning on a holiday in the sun? _____

Have you ever had skin resurfacing, rejuvenation or chemical peels? _____

Patient Signiture _____