

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ht: \_\_\_\_/\_\_\_\_ WT: \_\_\_\_\_ lbs.

**MEDICAL HISTORY:** Please circle correct responses or fill in the blanks where applicable.

1. Do you have or have you ever had the following?

High Blood Pressure	yes	no	Gout	yes	no
Diabetes	yes	no	Seizures or Epilepsy	yes	no
Heart disease or heart attack	yes	no	Ulcers	yes	no
Thyroid disease	yes	no	Tuberculosis	yes	no
Stroke	yes	no	Glaucoma	yes	no
Jaundice or Hepatitis	yes	no	Allergies (Hay Fever)	yes	no
Cancer (if yes, specify)	yes	no	Asthma	yes	no

2. List all operations, hospitalizations, or serious illnesses: \_\_\_\_\_  
\_\_\_\_\_

Pacemaker? \_\_\_\_\_ Artificial Joints? \_\_\_\_\_

3. List any skin surgery that you have had (i.e. mole removed, cyst removed, etc.) \_\_\_\_\_ Location on the body \_\_\_\_\_  
\_\_\_\_\_

4. List any problems that you have consulted a dermatologist for: \_\_\_\_\_  
\_\_\_\_\_

5. Have you ever had Skin Cancer? If yes, please specify the type (if known) and location: \_\_\_\_\_  
\_\_\_\_\_

6. Have you ever had x-ray treatments or radiation treatments? \_\_\_\_\_ yes \_\_\_\_\_ no

7. List any family history of skin problems including skin cancer, acne, psoriasis, eczema, etc.

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Sibling: \_\_\_\_\_

Other: \_\_\_\_\_

8. List any medications that you are currently taking including over-the-counter medicines: \_\_\_\_\_  
\_\_\_\_\_

9. List any medication allergies: \_\_\_\_\_

10. Social History:

Tobacco: \_\_\_\_\_

Alcohol: \_\_\_\_\_

11. When exposed to the sun without protection do you \_\_\_\_\_ Burn \_\_\_\_\_ Burn-Tan \_\_\_\_\_ Tan only

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Please check any of the following cosmetic items you are interested in:

**Anti-Aging Skin Care Products**

**Sunscreen Advice**

**BOTOX Cosmetic**

**Fillers**

**Microdermabrasion**

**Facials and Exfoliating Peels**

**Laser Rejuvenation**

**Face Lift**

**Liposuction**

**Eyelid Lift**

**Age Spot Treatment**

**Hair Removal**

**Visia Camera Skin Health Analysis**

**Facial Vein Treatment**

**Leg Vein Treatment**