



Cosmetic Procedure Questionnaire

First Name: _____ Middle Initial _____

Last Name: _____ Sex: M F

Date of Birth: ____ / ____ / ____

Mailing Address: _____

Email Address: _____

Phone Number: Home: _____ Mobile _____

Work: _____

Family Doctor: _____ Phone: _____

Pharmacy: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Which body area(s) or condition(s) would you like treated? _____

Please answer all of the following questions:

Do you have ANY current or chronic medical illnesses? Yes / No

Disclose any history of heat urticaria, diabetes, autoimmune disorders or any immunosuppression, blood disorders, cancer, bacterial or viral infections, medical conditions that significantly compromise the healing response, skin photosensitivity disorders, or any other condition or illness.

Please list: _____

Do you have ANY current or chronic skin conditions Yes / No

Disclose any history of vitiligo, eczema, melasma, psoriasis, allergic dermatitis, any diseases affecting collagen including Ehlers-Danlos syndrome, scleroderma, skin cancer or any other skin condition.

Please list: _____

Are you currently under a doctor's care? If so, for what reason? Yes / No

Please list: _____

Do you have or have you ever had any permanent makeup, tattoos, implants, or fillers? Yes / No

Please list location on/in body and date: _____

Do you have or have you ever had any botulinums, such as Botox®, etc? Yes / No

Please list location on/in body and date: _____

Have you taken Accutane® (or products containing isotretinoin) in the last 12 months? Yes / No

Have you taken Tretinoin (like Retin-A® or Renova®) in the last 6 months? Yes / No

Have you had any unprotected sun exposure, used tanning creams (including sunless tanning lotions) or tanning beds or lamps in the last 4-6 weeks? Yes / No

Signature

Date