Dr. Louise Martin
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DERMATOLOGY ASSOCIATES
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26850 Providence Parkway
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COSMETIC CONSULT MEDICAL HISTORY

Name: _____

Address: _____

Phone #1: _____ **Phone #2:** _____

Female ☐ **Male** ☐ **Age:** _____ **Referred by:** _____

Reason for consultation

Please describe what brings you in today and check all boxes that apply below:

_____

_____

- ☐ Acne
- ☐ Brown spots or sun damage
- ☐ Enlarged blood vessels
- ☐ Fine lines or wrinkles
- ☐ Flushing of the skin
- ☐ Skin laxity
- ☐ Skin texture or scars
- ☐ Unwanted hair

Questions about skin

1. Have you ever been treated for this concern(s)? ☐ Yes ☐ No
   If yes, when and how? _____
2. Please list what topical skin care products or medications are you currently using in your daily regimen? (Prescription and over the counter. Examples: face wash, lotions, creams etc.)
   _____
3. Have you ever had laser treatments, laser hair removal, skin resurfacing or rejuvenation, or chemical peels? ☐ Yes ☐ No
4. Have you ever had any cosmetic procedures such as Botox, fillers, microneedling, or plastic surgery? ☐ Yes ☐ No
   If yes, please list procedure(s) and date(s): _____
5. Have you used any of the following hair removal methods in the past 6 weeks?
   ☐ shaving ☐ waxing ☐ electrolysis ☐ plucking/tweezing ☐ stringing ☐ depilatories
6. Do you form thick or raised scars (keloids) from cut or burns? ☐ Yes ☐ No
7. Do you experience hyperpigmentation (redness) from burns, cuts, insect bites? ☐ Yes ☐ No
8. Have you ever had cold sores or fever blisters? ☐ Yes ☐ No
9. Do you have a personal history of Melanoma? ☐ Yes ☐ No
   If yes, Body Location(s) and Date(s): _____

Skin Type choices (when exposed to the sun for about 1 hour with no protection):

- Always burns, never tans ☐
- Always burns, sometimes tans ☐
- Sometimes burns, always tans ☐
- Rarely, burns, always tans ☐
- Brown, moderately pigmented skin ☐
- Black skin ☐

1. When were you last exposed to the sun or tanning booth? _____
2. Do you use self-tanners? ☐ Yes ☐ No
3. Are you planning a vacation in the sun in the near future? ☐ Yes ☐ No, If yes, Date:_____

Continued On Backside

Personal history:

1. Do you smoke? ☐ Yes ☐ No if yes _____ packs per day
2. What is your daily consumption of alcohol? _____
3. Do you wear contact lenses? ☐ Yes ☐ No

Medical history:

1. Are you currently under the care of a physician? ☐ Yes ☐ No. If yes, for what:

_____

2. Do you have any of the following?

☐ Arthritis	☐ Epilepsy or seizures	☐ HIV / Aids
☐ Any active infection	☐ Heart disease	☐ MRSA
☐ Bleeding disorders	☐ Hepatitis	☐ Sensitive teeth
☐ Bruising	☐ Herpes simplex	☐ Skin cancer or moles
☐ Dark spots of pregnancy	☐ High blood pressure	☐ Skin injury
☐ Diabetes	☐ Hormone imbalance	☐ Vision deficits

☐ Other_____

3. Do you have allergies to any of the following? (check all that apply) ☐ Medications ☐ Latex

☐ Lidocaine ☐ Food ☐ Plants ☐ Anesthesia ☐Other_____

4. Do you take any of the following? Please check the boxes below and attach current medication list.

☐ Accutane (within the past 6 months)	☐ Appetite depressants	☐ Insulin
☐ Antibiotics	☐ Aspirin or Ibuprofen	☐ Sedatives
☐ Anti-coagulants	☐ Cortisone or steroids	☐ Thyroid medication
☐ Anti-depressants	☐ Hormone/contraceptives	☐ Diuretics (water pill)

5. Are you taking herbal preparations or vitamins? (St. John's Wort, Vitamin E) ☐ Yes ☐ No

_____

For female patients:

1. Are you pregnant or trying to become pregnant? ☐ Yes ☐ No
2. Are you currently nursing? ☐ Yes ☐ No

I have answered the questions contained in this questionnaire to the best of my knowledge. I understand that it is my responsibility to inform my practitioner of my current health conditions while seeking treatment as a patient. I will update this information as it occurs.

Signature of Patient or Legal Guardian: _____

Date: _____

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Name: _____ **MRN**_____

Please answer the following questions by circling the number which best describes you. Your clinician will total your score during the consultation.

My ethnic origin is closest to:	Very fair (Celtic and Scandinavian)	☐
	Fair-skinned Caucasian with light hair and light eyes	☐
	Pale-skinned Caucasian with dark hair and dark eyes	☐
	Olive-skinned (Mediterranean, some Asian, some Hispanic)	☐
	Dark-skinned (Middle Eastern, Hispanic, Asians, some African)	☐
	Very dark-skinned (African)	☐
My eye color is:	Light blue	0
	Blue / Green	1
	Green / Gray / Golden	2
	Hazel / Light brown	3
	Brown	4
My natural hair color at age 18 was:	Red	0
	Blonde	1
	Light brown	2
	Dark brown	3
	Black	4
The color of my skin that is not normally exposed to sun is:	Pink to reddish	0
	Very Pale	1
	Pale with a beige tan	2
	Light brown	3
	Medium to dark brown	4
	Dark brown - black	5
If I go out into the sun for an hour or so without sunscreen and have not been out in the sun for weeks, my skin will:	Burn, blister and peel	0
	Burn, then when burn resolves there is little or no color change	1
	Burn, but then turns to tan in a few days	2
	Get pink, but then turns to tan quickly	3
	Just tan	4
	Just gets darker	5
	My skin color is so dark I can't tell	6
When was the last time the area to be treated was exposed to natural sunlight, tanning booths or artificial tanning cream?	Longer than one month ago	0
	Within the past month	1
	Within the past two weeks	2
	Within the past week	3

Total Score: _____

If your score is:	Your skin type is:
0 – 3	1
4 – 7	2
8 – 11	3
12 – 15	4
16 – 19	5
20 – 24	6

Additional skin response questions:

If you sustain an injury to your skin such as a cut, burn, or bruise, how long does it take to fully resolve without any hyperpigmentation? _____

What happens if you get an insect bite? _____