



Cosmetic Patient Consultation Form

Name: _____ DOB: _____

How did you hear about our Cosmetic Center Dermatologist Email Website Friend/Relative Other _____

What is the main reason for your consultation today? (*Consults are 30 minute appointments. Please limit choices to skin conditions that are most important to you so we can focus on those concerns first*)

- Acne and/or breakouts Scarring (Texture) Oily Skin/Enlarged Pores Unwanted Hair Lasers
- Fine Lines and Wrinkles Dry/Dehydrated Skin Skincare Products Other _____
- Rosacea/Redness/Facial Veins/Scarring/Angiomas Hyperpigmentation (Brown Spots/Age/Sun Spots, Freckles, Melasma)

Desired areas of treatment: _____

History	No	Yes	If yes please explain
Photosensitivity (Sun Allergy)	N	Y	_____
Recent Tanning (sun, tanning bed, sunless tanner)	N	Y	_____
Cold sores / herpes simplex virus I or II	N	Y	_____
Poor Wound Healing	N	Y	_____
Human Papillomavirus (HPV)	N	Y	_____
Melanoma	N	Y	_____
Diabetes	N	Y	_____
Fillers/Botox	N	Y	_____
Tattoo / Permanent make-up (and where)	N	Y	_____
Latex Allergy	N	Y	_____
Accutane	N	Y	_____
Gold Treatment (for arthritis patients)	N	Y	_____
History of Vitiligo (pigmentation disorder)	N	Y	_____
Keloids (raised scars)	N	Y	_____
Drug Allergies	N	Y	_____
History of Anaphylaxis	N	Y	_____
Do you have metal implants	N	Y	_____

Please check if you are currently using any of the following products:

- Tretinoin (Retin-A, Renova, Refissa, Atralin, Triluma, Ziana, Veltin, Solage) Adepalene (Differin)
- Tazarotene (Tazorac) Salicylic Acid (BHA) Glycolic Acid (AHA) Lactic Acid (AHA)

Current Skincare Products:

Cleanser _____ am pm Toner _____ am pm

Serums _____ am pm Eye Cream _____ am pm

Moisturizers _____ am pm Sunscreen _____ am pm

Skin Lighteners _____ am pm Retinoids _____ am pm

Prescriptions _____ am pm Other _____ am pm

Female Patients (check all that apply)

- Irregular periods, hormonal imbalance Severe Acne Pregnant or trying to conceive Breastfeeding
- PCOS (Polycystic ovary syndrome) Infertility Hormone Replacement Birth Control Pills
- Family History of Hypertrichosis (excessive hair growth)

If you have severe acne, irregular periods, or infertility issues you should consider being evaluated by your gynecologist or an endocrinologist prior to pursuing hair removal options.

Our cosmetic department sends 1-2 emails monthly about specials on products, injectables and services. If you would like to receive these emails please provide your email address _____

To opt in for text messages about flash sales enter cell # _____

Patient Signature _____ Esthetician/Injector Signature _____ Date _____