PATIENT HISTORY QUESTIONNAIRE

Date: / / Patien	Patient Name:				1	1
Address:		City:		St:	Zip:	
Home phone: ()	Email:			Cell:	315751=	
Employer:	Occ	cupation:	Work	phone: ()	
Person to contact in case of emergency:			Emergency contact ph	one: ()	
Reason for consultation:						
Are you currently under a physician's car	re? 🗆 Yes 🗆 No	If yes, specify:				
How did you hear about Ms. Sue's Skin Care Center & Med Spa?						
HAVE YOU EVER BEEN DIAGNOSED WITH						
Diabetes ☐ Yes ☐ No				Phlebitis	☐ Yes	□ No
Keliods		od Pressure Y		Allergies	☐ Yes	□ No
Thyroid disease ☐ Yes ☐ No		Disorder		Hepatitis	☐ Yes	□ No
DO YOU HAVE OR HAVE YOU EVER HAD ANY OF THE FOLLOWING CONDITIONS						
Herpes simplex ☐ Yes ☐ No	Skin cancer	☐ Yes ☐ N		rapy/radiation	☐ Yes	□ No
Smoke	Blepharoplasty	☐ Yes ☐ N			☐ Yes☐ Yes	□ No
Eye lid injury ☐ Yes ☐ No Wear contacts ☐ Yes ☐ No	Tumors/growths Hyperpigmentation	☐ Yes ☐ N			☐ Yes	□ No
List all medications you are currently taking: FITZPATRICK SKIN TEST						
	V			eck the one that	best desc	ribes your
List any drug, make-up, food and skin all	ergies:		skii	n type.		
a la				TYPE I - Always		
Have you been on accutane in the past nine months? ☐ Yes ☐ No				Red or blonde h	air, light ey	es.
Laser resurfacing in the past year?						
Are you or have you ever used Retin-A? Are you pregnant? If yes, how far along are you? Yes No				☐ TYPE II - Somewhat tans, mostly burns		
Have you ever been tested for HIV? If yes, results?						
Do you have an immune disorder that would impair your healing process? ☐ Yes ☐ No				TYPE III - Some		s, mostly
Are you prone to genital herpes breakouts? ☐ Yes ☐ No				tans, also know	n as "olive"	
Are you prone to cold sores?				complextion.		
Do you have any venereal diseases? If y	es, what?	☐ Yes	□No	TYPE IV Para	ly hume of	most
What is your natural hair color? TYPE IV - F What is your eye color? always tans					100	
Have you recently undergone a skin pee	I? If yes, when?	□ Yes	□No	complextion.		
Is your skin condition normal or abnormal?						
When did you last tan your skin?/ Tanning Bed				☐ TYPE V - Moderately pigmented		
Have you every had sclerotherapy? If yes, when? \(\text{Yes} \) Yes \(\text{No}\) \((\text{Indian, Hispanic, etc.})						
When a scar appears on your skin, is it significantly dark in color? Are you currently taking birth control pills? Yes No TYPE VI - African American						n
Are you taking oral or injectable steroids		☐ Yes	□ No	E VI - AIRC	ratheriva	
Is your skin type:	과 () ^ ^ ^ ^ ^ ^ ^ ^ ^ 가는 이 경우에 있어요? - ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ~ ~ ~ ~ ~ ~ ~ ~ ~		135,000			
	REVIOUS CO	SMETICI	REATMENT	S	THE ST	
Acid Peel	Collagen	☐ Yes ☐ N			☐ Yes	□ No
Laser Surgery Yes No	Face Lift	☐ Yes ☐ N		odermabrasion	☐ Yes	□ No
Land Company (Control of Control	MALO	RALLERO	SIES			
Milk ☐ Yes ☐ No	Aspirin	☐ Yes ☐ N		atoes	☐ Yes	□ No
Sugar/beets	Grapes	☐ Yes ☐ N	ATM	fruits	☐ Yes	□ No
Retinoic acid ☐ Yes ☐ No	Apples	☐ Yes ☐ N				
In your own words, describe your skin:						
What are you hoping to improve with your skin?						
Going back three generations, what is yo	our family ancestry?					
Patient signature: Date:/						