



Cosmetic Patient Consultation Form

Name: _____ DOB: _____

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
- Fine Lines and Wrinkles
- Dry/Dehydrated Skin
- Skincare Products
- Lasers
- Rosacea/Redness/Facial Veins/Red Acne Scarring
- Other _____
- Hyperpigmentation (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	_____
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 email monthly on the first of each month about specials on products and services. If you would like to receive these emails please provide your email address _____

★Signature of Patient _____ Witness _____ Date _____