





### Cosmetic Interests

Skin Specialists of Allen/Addison wants to provide you with *complete* dermatologic care. In order to serve you better, please place a check next to any concerns or interests.

#### Concerns

- Body Contouring
- Uneven skin tone
- Aging Hands
- Unwanted Hair
- Facial and Leg Veins
- Cosmetic Facial Redness
- Facial Wrinkle Fine Lines
- Facial Folds
- Volume loss of Lips
- Sunken Cheeks/Temples
- Dark circles under eyes
- Sagging Facial and Neck Skin
- Drooping eyelids
- Tattoo

#### Interests

##### Fillers & Injectables

- Dysport®/Restylane®
- Sculptra®
- Botox®/Juvederm®
- Voluma®
- Kybella®

##### Lasers

- IPL Laser  
(Brown spots, rosacea, facial veins)
- Q Switch  
(Tattoo Removal, Hyperpigmentation)
- Fraxel®/ResurFX  
(skin resurfacing)
- Hair removal

##### Products

- Sugoi
- Elta MD
- Vanicream
- Revita Lash/Brow®
- ReGenesis®  
(Thinning Hair)

##### Additional Procedures

- Chemical Peels
- Microdermabrasion's
- Ultherapy®
- Coolsculpting

- I would like to receive a monthly newsletter and special offers via e mail.

PRINT – Patient Name

DOB

Date

E mail address



## History and Intake Form

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Ht: \_\_\_\_\_ Weight: \_\_\_\_\_ Phone number: \_\_\_\_\_

Reason For Your Visit Today: \_\_\_\_\_

How did you hear about our office: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_

Preferred Language: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnic Group: \_\_\_\_\_

Preferred Pharmacy Name: \_\_\_\_\_

Pharmacy Phone#: \_\_\_\_\_

Pharmacy City or Zip code: \_\_\_\_\_

**Past Medical History:** (please circle all that apply)

- |                     |                         |                     |                     |
|---------------------|-------------------------|---------------------|---------------------|
| Anxiety             | Colon Cancer            | Hepatitis           | Prostate Cancer     |
| Arthritis           | COPD                    | High Blood pressure | Radiation Treatment |
| Asthma              | Coronary Artery Disease | HIV/AIDS            | Seizures            |
| Atrial fibrillation | Depression              | High Cholesterol    | Stroke              |
| Bone Marrow         | Diabetes                | Thyroid Problems    | NONE                |
| Transplantation     | End Stage Renal Disease | Leukemia            |                     |
| BPH                 | GERD                    | Lung Cancer         |                     |
| Breast Cancer       | Hearing Loss            | Lymphoma            |                     |

**Other** \_\_\_\_\_

- |                                      |   |   |   |
|--------------------------------------|---|---|---|
| Appendix Removed                     | Colectomy: IBD  | Joint Replacement, Hip<br>(Rt, Lt, Bilat) | Ovaries Removed: Ovarian<br>Cancer            |
| Bladder Removed                      | Gallbladder Removed                                   | Joint Replacement (last 2 yrs)            | Prostate Removed:                             |
| Mastectomy -(Rt, Lt, Bilat)          | Coronary Artery Bypass                                | Kidney Biopsy                             | Prostate Cancer                               |
| Lumpectomy -(Rt, Lt, Bilat)          | Mechanical Valve<br>Replacement                       | (Nephrectomy)                             | Prostate Biopsy                               |
| Breast Biopsy -(Rt, Lt, Bilat)       | Biological Valve                                      | Kidney Removed (Rt, Lt)                   | TURP (Prostate Removal)                       |
| Breast Reduction                     | Replacement   | Kidney Stone Removal                      | Spleen Removed                                |
| Breast Implants                      | Heart Transplant                                      | Kidney Transplant                         | Testicles Removed (Right,<br>Left, Bilateral) |
| Colectomy: Colon Cancer<br>Resection | Joint Replacement, Knee -<br>(Right, Left, Bilateral) | Ovaries Removed:                          | Hysterectomy: Fibroids                        |
| Colectomy: Diverticulitis            |   | Endometriosis                             | Hysterectomy:                                 |
| NONE                                 |   | Ovaries Removed: Cyst                     | Uterine Cancer                                |

**Other** \_\_\_\_\_



Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Skin Disease History:** (please circle all that apply)

- |                        |                        |                           |
|------------------------|------------------------|---------------------------|
| Acne                   | Dry Skin               | Poison Ivy                |
| Actinic Keratosis      | Eczema                 | Precancerous Moles        |
| Asthma                 | Flaking or Itchy Scalp | Psoriasis                 |
| Basal Cell Skin Cancer | Hay Fever/Allergies    | Squamous Cell Skin Cancer |
| Blistering Sunburns    | Melanoma               | NONE                      |

**Other** \_\_\_\_\_

Do you wear Sunscreen?      Yes / No      If yes, what SPF? \_\_\_\_\_

Do you tan in a tanning salon?      Yes / No

Do you have a family history of Melanoma?      Yes / No      If yes, which relative(s)? \_\_\_\_\_

**Medications:** (Please enter all current medications)

\_\_\_\_\_  
\_\_\_\_\_

**Allergies:** (Please enter all allergies)

\_\_\_\_\_  
\_\_\_\_\_

**Social History:** (Please circle all that apply)

**Cigarette Smoking:**

- |                        |               |
|------------------------|---------------|
| Currently Smokes       | Never smoked  |
| Has smoked in the past | Former Smoker |

**Other** \_\_\_\_\_

**Family History Skin Cancer:** (Only first degree relatives)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALERTS:** (please circle all that apply)

- |                                |                                   |   |
|--------------------------------|-----------------------------------|---|
| Allergy to Adhesive            | Artificial joint replacement      | Require antibiotics prior to a surgical procedure?    |
| Allergy to lidocaine           | Blood thinners                    | Are you pregnant or currently trying to get pregnant? |
| Allergy to topical antibiotics | Defibrillator                     | OTHER _____   |
| Artificial heart valve         | MRSA                              |   |
| Pacemaker                      | Rapid heartbeat with epinephrine? |   |