

POLYCLINIC PLASTIC SURGERY

1 2 2 9 M A D I S O N S T , S U I T E 1 6 0 0
S E A T T L E , W A 9 8 1 0 4
P H : 2 0 6 . 8 6 0 . 5 5 8 2
F A X : 2 0 6 . 8 6 0 . 4 7 5 0

Aesthetic Patient Health and Medical History

Patient Name Date of Birth
Address City State Zip
Home phone Work Cell
Email Address
Emergency Contact Phone Relationship
How were you referred to us?

Which of these best describes your skin Type?

- I Always burns, never tans
II Always burns, sometimes tans
III Sometimes burns, always tans
IV Rarely burns, always tans
V Brown, moderately pigmented skin
VI Black Skin

Have you had recent sun exposure? Yes No
If so, when?

Do you regularly use sunscreen? Yes No
Do you regularly use self-tanning lotions/sprays?
Yes No

Medical History

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

Do you have or Have had any of the following medical conditions? Please check all that apply

- Keloid or hypertrophic scarring
Cancer
Skin disease
Seizure disorder
Herpes
Diabetes
Lupus
Vitiligo
Blood clotting abnormalities
Other

Allergies

Have you ever had an allergic reaction to any of the following? Please check all that apply and describe your reaction

- Food
Latex
Aspirin
Lidocane
Hydrocortisone
Hydroquinone
Other

Medications

What Oral Medications are you taking?

Have you ever used Accutane or Accutane? Yes No
If yes, when did you last use it?

Have you ever had Gold Therapy treatment? Yes No
If so, when?

Herbal Supplements?

Other

Are you currently pregnant or trying to become pregnant?
Yes No

Are you currently breastfeeding? Yes No

Have you ever had any of the following cosmetic/ aesthetic treatments? please check all that apply

- Chemical peels
Laser Hair Removal
Permanent Make up
Laser Skin Rejuvenation
Facial Plastic Surgery
Facial
Microdermabrasion
Dermaplaning
Botox/Dysport/Zeomin
Facial Fillers
Microneedling

Skin Concerns

- Dry Skin
Oily Skin
Combination (oily/dry) Skin
Large Pores
Fine Lines/Wrinkles
Pigmented Lesions (brown spots)
Excess Redness
Skin Laxity (sagging)
Vaginal Dryness
Urinary leakage when coughing/sneezing/exercising

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○ Other _____

Services of Interest:

- Sun/Age Spot Removal
- Wrinkle Reduction
- Facial Resurfacing
- Facial Vein Reduction
- Acne Scar/ Scar Reduction
- Skin Care Products
- Non-Surgical Vaginal Rejuvenation

<u>Current Skin Care Regimen</u>		<u>AM</u>	<u>PM</u>
Cleanser			
Toner			
Scrub			
Serum			
Treatment/RX			
Moisturizer			
Eye Cream/Gel			
Sunscreen			

Signature _____ Date _____