

POLYCLINIC PLASTIC SURGERY

1229 MADISON ST, SUITE 1600
SEATTLE, WA 98104
PH: 206.860.4750

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?

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

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

Allergies

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

- o Food _____
o Latex _____
o Aspirin _____
o Lidocane _____
o Hydrocortisone _____

Medications

What Oral Medications are you taking? _____

Have you ever used Accutane or Roaccutane? 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

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

Skin Concerns

- o Dry Skin
o Oily Skin
o Combination (oily/dry) Skin
o Large Pores
o Fine Lines/Wrinkles
o Pigmented Lesions (brown spots)
o Excess Redness
o Skin Laxity (sagging)

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- Hydroquinone _____
- Other _____
- Other _____

Services of Interest:

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

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

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Signature _____ Date _____