MEDICAL, COSMETIC & SKIN CARE HISTORY

AVISSA SKIN

Are you currently under a dermatologist or physician's care? ☐ Yes ☐ No If yes, for what?

Do any of the following Medical Conditions apply to you:

- ☐ **Pregnant / Breastfeeding**
- ☐ Cancer
- ☐ Diabetes
- ☐ High blood pressure
- ☐ Kidney Problems
- ☐ Bleeding disorders
- ☐ Abnormal wound healing
- ☐ Keloid Scarring
- ☐ Photosensitivity
- ☐ Seizure disorder / Epilepsy
- ☐ Hormonal imbalance
- ☐ Thyroid dysfunction
- ☐ G6PD deficiency
- ☐ Skin disease / Skin lesions
- ☐ Autoimmue disorders
- ☐ Herpes, Cold sores
- ☐ HIV / AIDS
- ☐ Hepatitis
- ☐ Pacemaker / Cardiac problems
- ☐ Tattoo, permanent makeup

Other Medical Conditions: _____

Have you ever had an allergic reaction to any of the following ? ☐ Latex ☐ Lidocaine ☐ Aspirin ☐ Hydroquinone ☐ Hydrocortisone

Other Allergies:

Have you ever, or are you currently taking any of the following? Please indicate when:

- ☐ **Accutane**
- ☐ Differin
- ☐ Azelaic Acid
- ☐ Tretinion
- ☐ Antibiotics
- ☐ Topical Steroids
- ☐ Anticoagulant
- ☐ Antidepressants
- ☐ Birth control
- ☐ Hormone therapy
- ☐ Hydroquinone
- ☐ Retinol
- ☐ Glycolic Acid
- ☐ Salicylic Acid
- ☐ Resorcinol
- ☐ Benzoyl Peroxide

Others Medications / Supplements: _____

How often do you wear sunscreen ? ☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

Aesthetic procedure history *(Last 12 months)***. Please indicate when:**

- ☐ Chemical Peels
- ☐ Microdermabrasion
- ☐ Dermaplaning
- ☐ Microneedling
- ☐ Waxing
- ☐ Threading
- ☐ Neuromodulator
- ☐ Dermal fillers
- ☐ Laser procedures
- ☐ PDO threads
- ☐ PRP / PRF
- ☐ Cosmetic surgery

Other Aesthetic Procedures: _____

How do you heal? ☐ Very Good ☐ Fairly Good ☐ Slow Healer ☐ Not Sure

Areas of concern:

- ☐ Skin discoloration
- ☐ Melasma
- ☐ Sun damage
- ☐ Uneven skin tone
- ☐ Enlarges pores
- ☐ Rosacea
- ☐ Redness (Reactive skin)
- ☐ Broken capillaries
- ☐ Dry / Flaky Skin
- ☐ Dehyderated skin
- ☐ Oily Skin
- ☐ Acne / Breakouts
- ☐ Acne Scaring
- ☐ Blackheads / Whiteheads
- ☐ Lesions
- ☐ Fine lines & wrinkles
- ☐ Lax or sagging skin
- ☐ Collagen loss
- ☐ Loss of facial contour
- ☐ Cellulite
- ☐ Stretch marks
- ☐ Under eye circles
- ☐ Hair restoration
- ☐ Unwanted hair
- ☐ Hyperhidrosis

Other concerns: _____

What is your ethnic background? **Mother's heritage:** **Father's heritage:**

Which of the following best describes your skin color, skin sensitivity, and your skin reaction when you are in the sun ?

- ☐ **Type I**: *Ivory skin, extremely sensitive, freckles, always burns/peels,* ***never tans***
- ☐ **Type II**: *White skin, very sensitive, often burns/peels,* ***rarely tans***
- ☐ **Type III**: *White to olive skin, sensitive, sometimes burns,* ***sometimes tans***
- ☐ **Type IV**: *Brown skin, mildly sensitive, rarely burns,* ***often tans***
- ☐ **Type V**: *Dark brown skin, resistant skin, never burns,* ***easily tans***
- ☐ **Type VI**: *Black skin, very resistant skin, never burns,* ***always tans***

By signing, I understand the information I have provided above is true and correct. I also understand that it is my responsibility to inform my practitioner of my most recent sun exposure, new medications, or changes in medical history before each treatment..

Print Patient Full Name _____ Patient Signature _____ Date _____

Reviewed By _____