



Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Are you pregnant? Y N Are you nursing? Y N Are you planning on becoming pregnant? Y N

Are you currently taking ACCUTANE or have you taken this in the last 6 months? Y N

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

- Anemia, Arthritis, Artificial Joint, Autoimmune Disease, Bleeding Disorder, Blood Clots, Breast Cancer, Bronchitis, Burns, Cancer, Chronic Cough, Cold Sores, Colitis, Connective Tissue Disorder, Diabetes, Dialysis, Depression, Fibromyalgia, Heart Disease, Heart Valve, Heart Murmur, Irregular Heartbeat, Pacemaker, Defibrillator, Herpes Simplex, Hepatitis B or C, High Blood Pressure, HIV/AIDS, Migraines, Multiple Sclerosis, Phlebitis, Seizure Disorder, Stroke, Thyroid Disorder, Tuberculosis, Ulcers, Valley Fever, Metal Implants, Raynaud's Disease

**Past Personal Skin History: (please circle all that apply)**

- Undiagnosed Skin Lesions, Actinic Keratosis, Basal Cell Skin Cancer, Connective Tissue Disorder, Serious Skin Infection, Squamous Cell Skin Cancer, Melanoma, Psoriasis, Lupus, Shingles, Eczema, Pigment Disorder, Keloid Scars

Have you ever seen a dermatologist or plastic surgeon for your skin? Y N

If yes, explain:

**Family History: (please circle all that apply)**

- Adopted, Cancer, Diabetes, Melanoma, Heart Disease, Stroke, Autoimmune Disorders, High Blood Pressure, Skin Disease

**Review of Systems: (please circle)** Do you currently have any of the following symptoms:

- Poor General Health, Swollen Lymph Nodes, Circulation Problems, Rashes, Headache, Chest Pain, Numbness, Fainting, Suspicious Moles, Swollen Legs/Feet, Easy Bruising, Flushing, Itching, Swelling, Bleeding Tendencies, Heat/Cold Intolerance, Non-healing Sores

**Prescription/OTC Medications**

\_\_\_\_\_

**Topical Medications**

- Retin A, Renova, Other, Refissa, Differen, Tazorac

**Medication Allergy and Reaction**

Latex allergy? Y\_\_N\_\_ Iodine allergy? Y\_\_N\_\_

**Previous Surgeries?**

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

I certify that the preceding medical, personal and skin history statements are true and correct. I am aware that it is my responsibility to inform the technician, doctor or nurse of my current medical or health conditions and to update this history. A current medical history is essential for the caregiver to execute appropriate treatment procedures.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_