

List all surgeries that you have had: (Include Plastic Surgery)

Date: _____ Surgery: _____

Have you or anyone in your family ever had unusual reactions to anesthesia? YES or NO

Have you ever had Botox injections? YES or NO

Have you ever had any type of Fillers? YES or NO

What type of Filler? _____

Your Skin Care

1. Have you ever had a facial treatment before? YES or NO

If so, what type of treatment? _____

2. Have you ever had melasma (or chloasma)? YES or NO If so, when? _____

Has anyone in your family had melasma? _____

3. What is your ethnicity? _____

4. Have you ever had chemical peels, laser or microdermabrasion? YES or NO

In the last month? YES or NO

5. Do you use Retin-A, Renova, Adapalene, Adapalene Hydroxyl Acid or Retinol/vitamin A derivative products? YES or NO

a. Have you used any of these products in the last 3 months? YES or NO

If yes, which one: _____

b. Have you ever used Accutane? YES or NO When? _____ For how long? _____

6. Have you recently used any self-tanning lotions, creams or treatments? YES or NO

If yes, please specify: _____

I certify that the above information is true and correct, to the best of my knowledge.

Patient Signature: _____ **Date:** _____