SALMON CREEK PLASTIC SURGERY

FACIAL
QUESTIONNAIRE

PATIENT NAME: _____   DATE:_____

HOW WERE YOU REFERRED TO US?_____

MEDICAL HISTORY

ARE YOU CURRENTLY UNDER THE CARE OF A PHYSICIAN OR A DEMATOLOGIST?

IF YES, FOR WHAT:_____

DO YOU SMOKE?   YES_____ NO_____

DO YOU EXERCISE REGULARLY?   YES_____ NO_____

DO YOU WEAR CONTACTS?   YES_____ NO_____

DO YOU HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS?

_____CANCER	_____HIV/AIDS
_____DIABETES	_____HERPES
_____ARTHRITIS	_____HEPATITIS
_____THYROID IMBALANCE	_____ANY ACTIVE INFECTIONS
_____HORMONE IMBALANCE	_____FREQUENT COLD SORES
_____BLOOD CLOTTING ABNORMALITIES	_____SEIZURE DISORDER
_____SKIN DISEASE/ SKIN LESIONS	_____KELOID SCARRING
_____HIGH BLOOD PRESSURE	_____NECK INJURY

DO YOU HAVE ANY OTHER HEALTH PROBLEMS OR MEDICAL CONDITIONS?

IF YES, PLEASE LIST: _____

MEDICATIONS

HAVE YOU EVER HAD AN ALLERGIC REACTION TO ANY OF THE FOLLOWING: FOOD, ASPIRIN, LIDOCAINE, LATEX, ALOE VERA, HYDROCORTISONE, HYDROQUINONE OR SKIN BLEACHING AGENTS, LAVENDAR. (IF YES, PLEASE CIRCLE)

FACIAL
QUESTIONNAIRE

SPA

DO YOU USE SPF SUNSCREEN ON YOUR FACE?   YES_____ NO_____

HOW MUCH PLAIN WATER DO YOU CONSUME DAILY? _____

WHAT SKIN CARE PRODUCTS ARE YOU CURRENTLY USING? (PLEASE SPECIFY NAME OF PRODUCT) _____

YOUR SKIN EVALUATION

WHICH OF THE FOLLOWING BEST DESCRIBES YOUR SKIN TYPE? (PLEASE CIRCE ONE)

       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

DO YOU EVER EXPERIENCE SKIN BREAKOUTS OR OILY SHINE?   YES_____ NO_____

DO YOU EVER EXPERIENCE THESE CONDITIONS ON YOUR FACE?

    _____FLAKINESS   _____TIGHTNESS   _____OBVIOUS DRYNESS

DO YOU HAVE ANY SPECIAL FACIAL SKIN PROBLEMS? _____

CONSENT

I CERTIFY THAT THE PRECEDING STATEMENTS ARE TRUE AND CORRECT. I AM AWARE THAT IT IS MY RESPONSIBILITY TO INFORM THE DOCTOR'S, AESTHETICIAN, OR NURSE OF MY CURRENT MEDICAL AND HEALTH CONDITIONS. A CURRENT MEDICAL HISTORY IS ESSENTIAL FOR THE CAREGIVER TO EXECUTE THE APPROPRIATE TREATMENT PROCEDURES.

PATIENT SIGNATURE_____   DATE _____

AESTHETICIAN SIGNATURE_____   DATE _____