

CLARKSTON DERMATOLOGY
M E D I C A L

Medical History

Patient Name _____ Date _____

What areas you would like to have treated and/or what are your goals of treatment?

Have you ever had any prior treatment to affected area? _____

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you pregnant? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have permanent makeup (e.g. lip liner, eyebrows)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you wear contact lenses? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you take any herbal preparations? (St. John's Wort, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have very dry skin? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any active infection? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a history of keloid scarring? |
| <input type="checkbox"/> | <input type="checkbox"/> | Patient history of hormonal or endocrine disorders, such as polycystic ovary syndrome or diabetes, unless under control. |
| <input type="checkbox"/> | <input type="checkbox"/> | Immunosuppressive diseases, including AIDS and HIV infection, or use of immunosuppressive medications. |
| <input type="checkbox"/> | <input type="checkbox"/> | Current or history of cancer, especially malignant melanoma or recurrent non-melanoma skin cancer, or pre-cancerous lesions such as multiple dysplastic nevi. |
| <input type="checkbox"/> | <input type="checkbox"/> | History of bleeding coagulopathies, or use of blood thinners. |
| <input type="checkbox"/> | <input type="checkbox"/> | Diseases which may be stimulated by light such as cold sores (Herpes Simplex), Systemic Lupus Erythematosus. |

What medications are you currently taking (including aspirin) _____

Do you have any allergies to medications _____

When were you last exposed to the sun (including tanning booths) _____

Do you use chemical sun tanning lotions _____

When exposed to the sun without protection for about 1 hour what skin type best describes you?

- _____ Always burns, never tans.
- _____ Always burns, sometimes tans.
- _____ Sometimes burns, sometimes tans.
- _____ Always tans.
- _____ Hispanic, Asian, Mediterranean, Middle Eastern
- _____ Black