PATIENT MEDICAL HISTORY

Name:___________________________________ Date of Birth:_______________________

Address:____

City:____

State: ____________________ Zip:_________________________

Email:____ Today's Date:_____________

Home Phone:___________________________ Business Phone:__________________________

Cell # or Preferred Contact #:_________________ Is it important to be discrete?_____________

How did you hear about us?____

Describe the nature of your visit?____

____

What are your expectations?____

____

Please Fill Out if Any of the Following Apply:

Medical History

Heart Condition:_____________________________ Keloids:_____________________________

Diabetes:_____________________________ Cold Sores/Herpes:_____________________________

Perm Makeup/Tattoos:_________________ Pregnant or Lactating:________________________

Have you been on Accutane in the past 6 months?______________________________

Include any other medications that make you photo-sensitive:________________________________

Any Allergies:____

List all medications you are currently taking (blood thinners, antibiotics, herbs, supplements, vitamins, aspirin etc.):____

Acne

Do you have a history of breakouts?_____Yes _____No

If so, What is the frequency of your breakouts? _____Frequent _____Occasional _____Rarely

Do you experience cystic breakouts?_____Yes _____No

Do you have any scarring as a result from your acne?_____Yes _____No

©2019 by Revitalize Medical Spa, all right reserved

Skin Background

Have you had prolonged sun exposure (or tanning bed) in the past 3 days?_____Yes _____No

If so, are you currently sunburned?_____Yes _____No

Do you use tanning beds?_____Yes _____No

Are you using chemical tanning solutions?_____Yes _____No

Do you use sunscreen on a regular basis?_____Yes _____No

Fitzpatrick I-VI

Check one (when exposed to the sun without protection for approximately 1 hour):

- ____(I) Always burns, never tans
- ____(II) Usually burns, tans less than average
- ____(III) Sometimes mild burn, tans about average
- ____(IV) Rarely burns, tans more than average
- ____(V) Rarely burns, tans profusely
- ____(VI) Never burns, deeply pigmented

Skin Type:	**Tan:**
Caucasian______________________	_______
Hispanic_______________________	_______
Mediterranean__________________	_______
African-American________________	_______
American-Indian_________________	_______
Other_________________________	_______

Have you waxed, used depilatories, bleaches or other chemical processes?_____Yes _____No

How much water do you normally consume daily?____________________________

Do you exercise?	_____Yes _____No
Do you smoke?	_____Yes _____No
Have you had microdermabrasion?	_____Yes _____No
Have you had any chemical peels?	_____Yes _____No
Have you had laser resurfacing?	_____Yes _____No
Do you have rosacea?	_____Yes _____No
Do you have wrinkle concerns?	_____Yes _____No
Do you have scarring concerns?	_____Yes _____No
Do you have sun damage concerns?	_____Yes _____No
Do you have pigmentation concerns?	_____Yes _____No
Do you have broken capillary concerns?	_____Yes _____No

©2019 by Revitalize Medical Spa, all right reserved

Have you had Botox or Collagen injections in the past 6 months?_____Yes _____No
If yes and less than 3 months, approximate dates?___________________________
Do you use topical ointments?_____Retin-A_____Glycolic_____Lactic Acid_____Hydroquinone
Other:_________________
What type of skin care products are you using?____________________________________

Check other services of interest:
_____Laser Hair Removal (list different areas)_______________________________
_____Laser Vein Removal
_____Non-ablative LaserFACIAL
_____Pigmented Lesions or Brown Spot Removal
_____Other:____

I certify that the above medical history information is accurate and correct:

Patient Signature: _______________________________________ Date: _____________

DR/Tech Signature: _______________________________________ Date: _____________

©2019 by Revitalize Medical Spa, all right reserved