advanced skin
+ body aesthetics
BY WOMEN'S CLINIC OF LINCOLN

Aesthetic Patient Information

Name: ____ DOB: ______________ Date: ____________
Address: ____ City: __________________________
State: ________ Zip: _______________ Home Phone: _______________ Work Phone: ___________________
Email Address: ____
Referred by: _______________________________ Preferred Pharmacy: ______________________________
Smoker: ? no ? yes, # cigarettes per day ________________ # years smoked __________________

Pregnant: ? no ? yes Breastfeeding ? no ? yes
Are you currently under the care of a physician? ? No ? Yes, for what: ________________________________
____

Do you have any of the following medical conditions? (Please check all that apply)
? Cancer ? High blood pressure ?Herpes ? Arthritis
? HIV/AIDS ? Frequent cold sores ? Seizure disorder ? Hepatitis
? Hormone imbalance ? Thyroid imbalance ? Any active infection ? Diabetes
? Blood clotting abnormalities

Do you have any history of the following skin conditions? (Please check all that apply)
? Undiagnosed Skin Lesions ? Connective Tissue Disorder ? Melanoma ? Shingles
? Actinic Keratosis ? Serious Skin Infection ? Psoriasis ? Eczema
? Basal Cell Skin Cancer ?Squamous Cell Skin Cancer ? Lupus ? Pigment Disorder
? Keloid scarring

Do you have any other health problems or medical conditions? Please list: ______________________________
____
____

Do you have any allergies? ? No ? Yes, please describe allergy and reaction: ___________________________
____
____

Current Medications: ____
____
____

Have you had any of the following in the past?

[?] Botox , date of last treatment: _______________
[?] Fillers ([?] Juvederm/ [?] Radiesse/[?] Restalyne/Voluma), date of last treatment: _______________
[?] Microdermabrasion, date of last treatment: _______________
[?] Chemical Peels, date of last treatment: _______________
[?] Facials, date of last treatment: _______________
[?] Electrolysis, date of last treatment: _______________
[?] Waxing/Threading, date of last treatment: _______________
[?] Tattoo Removal, date of last treatment: _______________
[?] Laser Hair Removal, date of last treatment: _______________
[?] Permanent Make-Up, date of last treatment: _______________
[?] Skin Resurfacing, date of last treatment: _______________
[?] Skin Rejuvenation, date of last treatment: _______________
[?] Skin Tightening, date of last treatment: _______________

Requested Areas of Botox Treatment

[?] NA
[?] Frown Lines (between the eyes)
[?]Horizontal Forehead Lines
[?] Crow's Feet
[?] Bunny Lines

Do you have tattoos? [?] None [?] 1-2 [?] 3-5 [?] Greater than 5
Do you suntan? [?] Frequently [?] Occasionally [?] Very Rarely [?] Never
Do you use sunscreen? [?] Frequently [?] Occasionally [?] Very Rarely [?] Never
Please name the brand of products you are currently using:
Cleanser: ______________________________ Moisturizer: ___________________________
Have you ever used Retin-A: [?] no [?] yes, what strength and date of last application: ____________________
Have you ever been treated with Phenol or Trichloracetic acid: [?] no [?] yes, date of last application: __________
Have you ever used Hydroquinone (skin lightener): [?] no [?] yes, date of last application: ____________________
Have you ever been on Accutane: [?] no [?] yes, date of last application: ____________________

Genetic Disposition

	0	1	2	3	4
What is the color of your eyes?	Light blue, Grey, Green	Blue, Grey or Green	Blue	Dark Brown	Brownish Black
What is the natural color of your hair?	Sandy Red	Blonde	Chestnut/Dark Blonde	Dark Brown	Black
What is the color of your skin (non exposed areas)?	Reddish	Very Pale	Pale with Beige Tint	Light Brown	Dark Brown
Do you have freckles on unexposed areas?	Many	Several	Few	Incidental	None

Reaction to Sun Exposure

	0	1	2	3	4
What happens when you stay in the sun too long?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns sometimes followed by peeling	Rarely Burns	Never had burns
To what degree do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easy	Turn dark brown quickly

Do you turn brown within several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always
How does your face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem

Tanning Habits

	0	1	2	3	4
When did you last expose your body to sun (or artificial/tanning cream)	More than 3 months ago	2-3 months ago	1-2 months ago	Less than a month ago	Less than 2 weeks ago
Did you expose the area you would like treated to the sun?	Never	Hardly ever	Sometimes	Often	Always

Name of patient (please print) Signature of patient Date

Staff Initials/Date

For Office Use Only

Skin Type Score - Fitzpatrick Skin Type

0-7	I
8-16	II
17-25	III
25-30	IV
over 30	V -VI

TYPE 1: Highly sensitive, always burns, never tans. Example: Red hair with freckles
TYPE 2: Very sun sensitive, burns easily, tans minimally. Example: Fair skinned, fair haired Caucasians
TYPE 3: Sun sensitive skin, sometimes burns, slowly tans to light brown. Example: Darker Caucasians.
TYPE 4: Minimally sun sensitive, burns minimally, always tans to moderate brown. Example: Mediterranian type Caucasians, some Hispanics.
TYPE 5: Sun insensitive skin, rarely burns, tans well. Example: Some Hispanics, some Blacks
TYPE 6: Sun insensitive, never burns, deeply pigmented. Example: Darker Blacks.