CENTRAL MINNESOTA DERMATOLOGY

Cosmetic Assessment Form

Name: _____ DOB: _____

Address: _____ City: _____

Zip code: _____ State: _____ How did you hear about us? _____

Home phone: _____ Mobile phone: _____

Primary provider: _____ Pharmacy: _____

Skin Type Assessment

Fitzpatrick skin type: **I** **II** **III** **IV** **V** **VI** Ethnicity: _____

(If you don't know your skin type, we can assist you with making the determination.)

Last exposed to intentional UV (sun or tanning bed): _____ Do you use self-tanning lotion? **YES** or **NO**

Do you regularly get moderate to substantial sun exposure during outside activities? **YES** or **NO**

Medical History

Please circle any of the following that apply:

Pacemaker / defibrillator Piercings or metal implants (plates or screws) Pregnant or nursing Disease stimulated by light (lupus, epilepsy, porphyria) Keloids or hypertrophic scars History of bleeding disorders Vitiligo Cold sores (herpes simplex) Active skin infections or history of MRSA Blood thinners Abnormal wound healing Tattoo(s) or permanent makeup	Waxing of the treatment area in the last 6 weeks Isotretinoin (Accutane) in the last 6 months Poorly controlled endocrine disorders (diabetes, PCOS, thyroid) Facial laser resurfacing or deep chemical peels in the last 3 months Dermal fillers or neurotoxin injections (Botox, Jeuveau) Impaired immune system (HIV or immunosuppressive medications) Severe medical conditions such as cardiac disorders, cancer, liver disease, kidney disease, etc. _____ Any surgical procedures in the treatment area in the last 6 months: _____

Have you had any form of cancer? (Please circle all that apply)

Breast Colon Lung Prostate Other: _____

Do you have any allergies to medications, foods, animals, or pollen? If yes, please list: _____

_____

_____

What are your cosmetic concerns?

*Please check the boxes that best correlate with your co*ncerns. *This will be discussed more with your nurse during the visit:*

- ☐ Wrinkles
- ☐ Discoloration / dark spots
- ☐ Dark, stubborn hairs
- ☐ Redness
- ☐ Rosacea
- ☐ Skin laxity
- ☐ Scarring
- ☐ Texture and tone of skin
- ☐ Pigmentation irregularities
- ☐ Melasma

Other cosmetic skin concerns:

_____

_____

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