

Dermatology Patient Information Sheet

Name: _____

*****Please write N/A below any questions that do not apply*****

What is your age?

What is your occupation? (or if retired, previous occupation)

Please briefly list any of your medical problems (i.e. High blood pressure)

****If female, are you currently pregnant?****

Please list the medications you are currently on:

Please list any allergies to medications:

Have you ever had skin cancer? If so, what kind and what part of your body? Is there a family history of skin cancer/melanoma or other skin diseases?

Are you interested in (circle all that apply):

Removal of age spots, or blood vessels (red or brown spots) ~ Botox/Dysport ~ Fillers (Restylane/Juvéderm) ~ Hair Removal ~ Hydrofacial (microdermabrasion)~ Veins ~ Other cosmetic procedures (please list)