

# POLYCLINIC PLASTIC SURGERY

1 2 2 9 M A D I S O N S T , S U I T E 1 6 0 0  
S E A T T L E , W A 9 8 1 0 4  
P H : 2 0 6 . 8 6 0 . 4 7 5 0

## Aesthetic Patient Health and Medical History

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Email Address \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationsip \_\_\_\_\_  
How were you referred to us? \_\_\_\_\_

### **Which of these best describes your skin Type?**

- I Always burns, never tans
- II Always burns, sometimes tans
- III Sometimes burns, always tans
- IV Rarely burns, always tans
- V Brown, moderately pigmented skin
- VI Black Skin

Have you had recent sun exposure?  Yes  No  
If so, when? \_\_\_\_\_

Do you regularly use sunscreen?  Yes  No

Do you regularly use self-tanning lotions/sprays?

- Yes  No

### **Medical History**

Are you currently under the care of a physician?

- Yes  No If yes, for what? \_\_\_\_\_

Do you have or Have had any of the following medical conditions? Please check all that apply

- Keloid or hypertrophic scarring
- Cancer
- Skin disease \_\_\_\_\_
- Seizure disorder
- Herpes
- Diabetes
- Lupus
- Vitiligo
- Blood clotting abnormalities
- Other \_\_\_\_\_

### **Allergies**

Have you every had an allergic reaction to any of the following? Please check all that apply and describe your reaction

- Food \_\_\_\_\_
- Latex \_\_\_\_\_
- Aspirin \_\_\_\_\_
- Lidocane \_\_\_\_\_
- Hydrocortisone \_\_\_\_\_
- Hydroquinone \_\_\_\_\_
- Other \_\_\_\_\_

### **Medications**

What Oral Medications are you taking? \_\_\_\_\_

Have you ever used Accutane or Roaccutane?  Yes  No  
If yes, when did you last use it? \_\_\_\_\_

Have you ever had Gold Therapy treatment?  Yes  No  
If so, when? \_\_\_\_\_

Herbal Supplements? \_\_\_\_\_

Other \_\_\_\_\_

Are you currently pregnant or trying to become pregnant?

- Yes  No

Are you currently breastfeeding?  Yes  No

Have you ever had any of the following cosmetic/ aesthetic treatments? please check all that apply

- Chemical peels
- Laser Hair Removal
- Permanent Make up
- Laser Skin Rejuvenation
- Facial Plastic Surgery
- Sclerotherapy for veins
- Facial
- Microdermabrasion
- Dermaplaning
- Botox/Dysport/Zeomin
- Facial Fillers

### **Skin Concerns**

- Dry Skin
- Oily Skin
- Combination (oily/dry) Skin
- Large Pores
- Fine Lines/Wrinkles
- Pigmented Lesions (brown spots)
- Excess Redness
- Skin Laxity (sagging)
- Other \_\_\_\_\_

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**Services of Interest:**

- Sun/Age Spot Removal
- Wrinkle Reduction
- Facial Resurfacing
- Facial Vein Reduction
- Acne Scar/ Scar Reduction
- Skin Care Products

<b><u>Current Skin Care Regimen</u></b>		<b><u>AM</u></b>	<b><u>PM</u></b>
<b>Cleanser</b>			
<b>Toner</b>			
<b>Scrub</b>			
<b>Serum</b>			
<b>Treatment/RX</b>			
<b>Moisturizer</b>			
<b>Eye Cream/Gel</b>			
<b>Sunscreen</b>			

Signature \_\_\_\_\_ Date \_\_\_\_\_