



Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

May Skin Logics staff leave a voicemail/ email? Y/ N Are you pregnant? Y/ N Are you nursing? Y/ N

Planning pregnancy? Y/ N Are you currently taking **Accutane** or have taken in the last 6 months? Y/ N

**Past Medical History: (Circle all that apply)**

**Anemia Chronic Cough Phlebitis Arthritis Cold Sores Seizure Disorder Artificial Joint Colitis**

**Stroke Autoimmune Disorder Connective Tissue Disorder Ulcers Bleeding Disorder Diabetes**

**Thyroid Disorder Blood Clots Dialysis Tuberculosis Breast Cancer Depression Metal Implants**

**Bronchitis Fibromyalgia Raynaud's Disease Burns Heart Disease Heart Murmur Cancer**

**Heart Valve Pacemaker Defibrillator Herpes Simplex Hepatitis B or C High Blood Pressure**

**HIV/ AIDS Positive Migraine Multiple Sclerosis**

**Personal Skin History: (Circle all that apply)**

**Undiagnosed Skin Lesions Connective Tissue Order Melanoma Shingles Keloid Actinic Keratosis**

**Serious Skin Infections Rosacea Scars Psoriasis Squamous Cell Carcinoma Basal Cell Carcinoma**

**Lupus Eczema**

Have you ever seen a Dermatologist or Plastic Surgeon for your skin? Y/ N

If Yes, please explain: \_\_\_\_\_

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

Continued on back →

List prescriptions and over the counter medications you are currently taking:

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Medication allergy and reaction:

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List all topical medications:

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Do you have a Latex allergy? Y/ N

Previous surgeries?

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The above information is correct to the best of my knowledge. I understand that withholding medical information from my caregiver might result in improper diagnosis or drug interaction.

Patient Signature: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

\*Make sure to visit us on  @skinlogicdickson