

Por Vu

Teresa A Folger MD Amy Garrett ARNP

Please answer all of the following questions:

Yes

No

1. Do you have ANY current or chronic medial illnesses?

Please list: _____

2. Are you currently under a doctor's care? If so for what reason?

3. Do you take ANY medications, herbal or natural supplements or topicals on a daily basis?

Please list: _____

4. Do you have ANY allergies to medications, food, latex or other substances?

Please list: _____

MEDICAL HISTORY

5. Are you or could you be pregnant?

6. Do you have a history of herpes in the area to be treated?

7. Do you have a history of keloid scarring?

8. Have you taken Accutane or anticoagulants in the last 6 months?

9. Do you have any permanent makeup, implants or tatoos?

If so please list location: _____

10. Have you had ANY unprotected sun exposure, used tanning creams or tanning beds in the last 4-6 weeks?

11. Which body areas would you like treated? _____

12. What problem areas would you like to address?

fine lines

wrinkles

acne

age spots

dark spots

blackheads

oily skin

dry skin

dullness

uneven skin tone

under eye circles

large pores

excess hair

sagging skin

stretch marks

scars

13. What current skin care products do you use? _____