

Patient Assessment

Patient Name: _____ Date: _____

Date of Birth: _____ Allergies: _____

Current Medications: _____

Health Problems (check all that apply):

- Diabetes Hypertension Eczema Psoriasis
 Rosacea Cancer Obesity Irregular menstrual periods
 Excess hair growth Keloids or large scar formations

Acne History

Age of onset: _____

Family history of acne:

	Age of onset	Severity	Treatment
Mother			
Father			
Siblings			

Have you ever been on Accutane® or Isotretinoin? Yes / No

Previous or Present Acne Treatments (both OTC and prescription)

Product	Currently Using
_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	<input type="checkbox"/> Y <input type="checkbox"/> N

Previous or present skincare products

Product	Currently Using
_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	<input type="checkbox"/> Y <input type="checkbox"/> N

Patient Assessment of Clinical Severity

Location

Severity (circle)

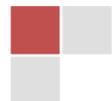
none=1 mild=2 moderate=3 severe=4

Cy=cysts Pu=pustules Pu=papules Co=comedo

Face

1 2 3 4

Co Pa Pu Cy



Forehead	1 2 3 4	Co Pa Pu Cy
Back Area	1 2 3 4	Co Pa Pu Cy
Chest	1 2 3 4	Co Pa Pu Cy
Other (_____)	1 2 3 4	Co Pa Pu Cy

Comedo (plural comedones)—A sebaceous follicle plugged with sebum, dead cells from inside the sebaceous follicle, tiny hairs, and sometimes bacteria. When a comedo is open, it is commonly called a blackhead because the surface of the plug in the follicle has a blackish appearance. A closed comedo is commonly called a whitehead; its appearance is that of a skin-colored or slightly inflamed "bump" in the skin.



Neither blackheads nor whiteheads should be squeezed or picked open, unless extracted by a physician under sterile conditions. Tissue injured by squeezing or picking can become infected by staphylococci, streptococci and other skin bacteria.

Papule—A small, solid lesion slightly elevated above the surface of the skin. A group of very small papules and microcomedones may be almost invisible but have a "sandpaper" feel to the touch.



Pustule—A dome-shaped, fragile lesion containing pus that typically consists of a mixture of white blood cells, dead skin cells, and bacteria. Acne pustules that heal without progressing to cystic form usually leave no scar.



Cyst—A sac-like lesion containing liquid or semi-liquid material consisting of white blood cells, dead cells, and bacteria. It is larger than a pustule, may be severely inflamed, extends into deeper layers of the skin, may be very painful, and is a severe form of acne that is often resistant to treatment and likely to leave scars after healing



Precipitating Factors for Acne (check if applicable)

- Sports (equipment or participation)
- Medications or topical creams/lotions
- Self excoriation (picking)
- Stress
- Diet
- Menstrual

Provider Examination

Location

Severity (circle)

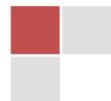
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Face

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Chest	1 2 3 4	Co Pa Pu Cy
Other (_____)	1 2 3 4	Co Pa Pu Cy

Self excoriation _____

Scars:

Type _____

Size _____

Location _____

Pigmentation _____

Fitzpatrick Skin Type: **I** **II** **III** **IV-V** (please circle one)

Other lesions (pigment, vascular, cancerous, benign): _____

Burton Classification: **I** **II** **III** **IV-V** **VI** (please circle one)

Comments:

Laboratory Evaluations

• PCOS Patients

a. DHEAS: _____

b. Testosterone: _____

c. LH/FSH ratio: _____

• Female patients requiring contraception

a. Pregnancy test : _____

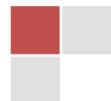
b. Annual Health Evaluation (eg. PAP's etc.): _____

Patient Information Form

PATIENT NAME: _____ DATE: ___/___/___

Birth Date: _____ Email: _____

Address: _____ Phone: _____



Work Phone: _____ Cell Phone: _____ E-Mail: _____

Primary Care Provider: _____ Referral: (yes/no)

How did you hear about us: _____

Reason For Visit:

Check all that apply and note where you want the procedure done (face, back, chest, etc.)

- Hair Reduction: _____
- Vein Reduction: _____
- Botox® Injections: _____
- Mole Removal: _____
- Acne Scar(s): _____
- Chemical Peel: _____
- Skin Blemish: _____
- Skin Rejuvenation: _____
- Microdermabrasion: _____
- Mesotherapy: _____
- Skin Tightening: _____
- Rosacea treatment: _____
- Cosmeceutical Consult: _____
- Other: _____

Past Medical History: (check all that apply)

- Asthma
- Eczema/Rosacea
- Impetigo
- AIDS/HIV
- Diabetes
- Skin Cancer
- Psoriasis
- Smoker
- Heart disease
- Lupus
- Bleeding history
- Are You Pregnant? Yes No

Other Health Problems: _____

Have you been on Accutane? Yes No

Ever had cold sores (herpes)? Yes No

Medications you are on: _____ Allergies Yes No

Lotions/Creams you now use: _____ Sensitivity _____

Do you suntan or use a tanning booth? Yes No

