Clinique Dallas
PLASTIC SURGERY
MEDSPA & LASER CENTER

Medspa & Laser Center Consultation Form

Name: ______________________________ Date of Birth: ______________

Occupation: ______________________________

Who may we thank for your referral? ______________________________

1) Are you allergic to any medications or product ingredients?
❍ **No** ❍ **Yes -** Explain: ______________________________

2) Have you been under the care of a physician, dermatologist, or other medical professional within the past year? ❍ **No** ❍ **Yes -** Explain: ______________________________

3) Have you even been diagnosed with Rosacea or any other skin disease?
❍ **No** ❍ **Yes -** Explain: ______________________________

4) Have you had any recent surgeries?
❍ **No** ❍ **Yes -** Explain: ______________________________

5) Personal or family history of Skin Cancer?
❍ **No** ❍ **Yes -** Explain: ______________________________

6) Have you ever used acne medication?
❍ **No** ❍ **Yes -** When and Type: ______________________________

7) Do you smoke? ❍ **No** ❍ **Yes**

8) Do you wear contact lenses? ❍ **No** ❍ **Yes**

9) How frequently are you exposed to the sun or use a tanning bed?
❍ **Infrequently |** ❍**Frequently |** ❍ **Regularly**

10) Do you have any metal implants or a pacemaker? ❍ **No** ❍ **Yes**

11) Have you ever had fever blisters or cold sores? ❍ **No** ❍ **Yes**

12) What areas of concern do you wish to discuss today? (Check all that apply)

❍ **Brown Spots**
❍ **Wrinkles**
❍ **Laser Hair Removal**
❍ **Broken Capillaries**
❍ **Redness**
❍ **Frown Lines**
❍ **Loss of Facial Volume**
❍ **Facial Rejuvenation**
❍ **Acne**
❍ **Sun Damage**
❍ **Loose Skin**
❍ **Scars**

13) Which of the following best describes your skin type? (Please check one type number)

❍ **Type I** - Light, pale white. Always burns, never tans
❍ **Type II** - White; fair. Usually burns, tans with difficulty
❍ **Type III** - Medium, white to olive. Sometimes mild burn, gradually tans to olive
❍ **Type IV** - Olive, moderate brown. Rarely burns, tans with ease to a moderate brown
❍ **Type V** - Brown, dark brown. Very rarely burns, tans very easily
❍ **Type VI** - Black, very dark brown to black. Never burns, tans very easily, deeply pigmented

14) Have you ever had chemical peels, microdermabrasion or laser treatments?
❍ **No** ❍ **Yes -** Explain:____

15) Have you used Retin-A, Renova, Adapalene Hydroxyl Acid or Retinol/vitamin A derivative products in the last three months? ❍ **No** ❍ **Yes**

16) Have you used any of the following hair removal methods in the past six weeks?
❍ **No** ❍ **Yes -** *(Check all that apply)*

Shaving | Waxing | Electrolysis | Tweezing | Plucking | Threading | Depilatories

Female Clients Only:

17) Are you taking oral contraceptives? ❍ **No** ❍ **Yes**

18) Are you pregnant or trying to become pregnant? ❍ **No** ❍ **Yes**

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I understand, have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing missing formation may result in contraindications and/or irritation to the skin from treatments received. The treatments I receive here are voluntary and I release this institution and/or skin care professional from liability and assume full responsibility thereof.

Client Signature: ____ **Date:** ______________________

Witness: ____
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