The Skin Shop Medspa Scottsdale

Name: _____DOB: _____ Date:_____

Are you pregnant? Y N Are you nursing? Y N Are you planning on becoming pregnant? Y N

Are you currently taking ACCUTANE or have you taken this in the last 6 months? Y N

Past Personal Medical History: (please circle all that apply)

Anemia	Arthritis	Artificial Joint	Bronchitis	Autoimmune Disease
Bleeding Disorder	Blood Clots	Breast Cancer	Burns	Cancer
Chronic Cough	Cold Sores	Colitis	Diabetes	Connective Tissue Disorder
Dialysis	Depression	Fibromyalgia	Heart Disease	Heart Valve
Heart Murmur	Irregular Heartbeat	Pacemaker	Defibrillator	Herpes Simplex
Hepatitis B or C	High Blood Pressure	HIV/AIDS	Migraines	Multiple Sclerosis
Phlebitis	Seizure Disorder	Stroke	Tuberculosis	Thyroid Disorder
Ulcers	Valley Fever	Metal Implants	Raynaud's Disease	

Past Personal Skin History: (please circle all that apply)

Undiagnosed Skin Lesions	Actinic Keratosis	Basal Cell Skin Cancer	Connective Tissue Disorder
Serious Skin Infection	Shingles	Eczema	Squamous Cell Skin Cancer
Melanoma	Lupus Psoriasis	Keloid scars	Pigment Disorder

Have you ever seen a dermatologist or plastic surgeon for your skin? Y N

If yes, explain: _____

Family History: (please circle all that apply)

Adopted	Diabetes	Heart Disease	Autoimmune Disorders	Melanoma
Stroke	Cancer	Skin Disease	High Blood Pressure	

Review of Systems: (please circle) Do you currently have any of the following symptoms:

Poor General Heath	Circulation Problems	Rashes	Headache	Chest Pain
Swollen Lymph Nodes	Non-healing Sores	Fainting	Suspicious Moles	Itching
Swollen Legs/Feet	Easy Bruising Flushing	Swelling	Bleeding Tendencies	
Numbness	Heat/Cold Intolerance			

Prescription/OTC Medications **Medication Allergy and Reaction**

_____

_____

_____ Latex allergy? Y N Iodine allergy? Y N

Topical Medications: ☐ Retin A ☐ Renova ☐ Tazora: ☐ Refissa ☐ Differen ☐ Other:_____

Previous Surgeries? _____

I certify that the preceding medical, personal and skin history statements are true and correct. I am aware that it is my responsibility to inform the technician, doctor or nurse of my current medical or health conditions and to update this history. A current medical history is essential for the caregiver to execute appropriate treatment procedures.

Patient Signature: _____Date: _____ Provider Signature: _____ Date: _____