

ALLEN AESTHETICS & LASER CENTER
Dr. Deborah M. Holubec

HISTORY CARD

Name: _____ Date of birth: _____

Street address: _____ City: _____ State: _____ Zip: _____

Telephone: (home) _____ (work) _____ (cell) _____

Email Address: _____

How were you referred here: _____

Previous treatments: Yes/No Date last treated: _____ Area treated: _____

Reason for visit?

Additional comments:



Skin Assessment

PATIENT'S NAME: _____ AGE: _____ Date ____/____/____

Are you currently under the care of a physician for your skin? Y N
 If yes, why? _____

Have you ever seen a dermatologist or other physician for your skin? Y N
 If yes, when and why? _____

Have you previously had:
 Chemical Peel? Y N Type of Peel _____ Date _____
 Laser Resurfacing, Dermabrasion, Phototherapy or Microdermabrasion? Y N
 Type/Depth _____ Date _____
 Facial Surgery? Y N Procedure: _____ Date _____

Have you ever done any aggressive exfoliation to your skin in the last 2 weeks? Y N
 If yes, explain: _____

What skincare products do you use frequently? _____

Are you taking AccutaneR? Y N If yes, last taken on _____

What topical medications do you use or have used? Retin-A Hydroquinone

Have you ever used a topical fluorouracil preparation on your skin? Y N
 If yes, when? _____ On what area of your body? _____

Other: (this includes topical antibiotics, OTC acne remedies, Hydrocortisone, etc.)

Please list any oral medications you currently take: _____

(this includes hormones, birth control pills, antibiotics, tranquilizers, anti-depressants, diuretics, etc.)

Please list any nutritional supplements you take: _____

HYPERSENSITIVITY AND SKIN FRAGILITY:

Have you ever had a skin allergy or sensitivity? (rash, irritation, peeling, swelling, hives, etc) Y N
 To: cosmetics fabrics other: (i.e. latex, etc.)

Do you have any known allergies to anything? Y N

If yes, please list all allergies: (this includes medications, aspirin, food, etc.)

Do you "flush" or "appear reddened" easily when you eat spicy food, drink alcohol, get angry, go in the sun, etc.? Y N

FREE RADICAL EXPOSURE:

Do you smoke Y N How much? _____
 Do you consume alcohol? Y N How much? _____
 Do you have a healthy diet? Y N List any dietary concerns: _____
 Do you exercise? Y N How much? _____ Type: _____
 Do you take vitamins? Y N Multi-Vitamins: _____ Antioxidants: _____
 Do you drink water? Y N How many glasses per day? _____

FOR WOMEN ONLY:

Do you have regular periods? Y N
 Are you going through menopause? Y N
 Are you pregnant or lactating? Y N
 Are you trying to become pregnant? Y N
 If yes, during pregnancy did you ever experience hyperpigmentation or a "pregnancy mask?" Y N

PIGMENTATION (Fitzpatrick Scale):

How do you tan? Burn Usually Burn Sometimes Burn Rarely Burn
 Never Burn-"Brown" Never Burn-"Black"



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Pigmentation: Even Uneven Birthmark Pregnancy Mask
 What is your Ethnicity and Race (heritage)? _____

VASCULARITY (telangiectasia or broken capillaries):
 Nose area cheek area chin area forehead entire face

ACNE:
 Do you have any history of acne or periodic breakouts? Y N
 Pimples White heads Blackheads Enlarged Pores
 Acne Scars Cysts Flakiness
 Do you only experience breakouts during or around your menstrual cycle? Y N
 Do you always have a pimple or some type of breakout? Y N

FACIAL WRINKLES: Deep Wrinkles Crows Feet Fine lines
 Have you been treated with Botox Fillers If yes, date of last treatment: _____

SKIN TYPE:
 Does your skin ever flake or feel tight and dry? Frequently Occasionally Very Rarely
 Is your skin ever shiny a few hours after cleansing? Frequently Occasionally Very Rarely
 How often do you experience blackheads or blemishes? Frequently Occasionally Very Rarely
 How noticeable are your pores? Frequently Occasionally Very Rarely

ABILITY TO HEAL:
 Does your skin appear fragile or burn easily? Y N If yes, explain: _____
 Do you have any problems healing from a cut or burn? Y N If yes, explain: _____
 Do you have any health problems? Y N If yes, explain: _____
 Do you ever use depilatories or waxes on your face? Y N If yes, explain: _____
 Have you ever had a "cold sore"? Y N If yes, explain: _____

SUN HISTORY AND LIFESTYLE:
 Do you work inside? Y N Occupation: _____
 Are your hobbies done mostly outside? Y N Hobbies: _____
 In the past (including childhood) did you live in a sun belt? Y N Where did you live: _____
 In the past have you neglected to use a sunscreen when outdoors? Y N
 Do you ever use tanning beds? Y N If yes, when? _____
 Do you currently wear a sun protection product all day, everyday? Y N
 Are you willing to wear a sun protection product all day, everyday? Y N

Have you or any member of your family had skin cancer? Y N
 If yes, Who? _____ Anatomical location of the lesion(s): _____

ARE YOU CURRENTLY SEEING A PHYSICIAN FOR ANY REASON? Y N
 IF YES, PLEASE EXPLAIN _____

HOW DO YOU WANT TO IMPROVE YOUR SKIN?
 1) _____
 2) _____

SKIN CONDITION: OS/A S/IS D/SDS PAS
 What specific areas do you want to treat? Neck Face Back Chest Other
 DO YOU WEAR CONTACT LENSES? Y N

PATIENT SIGNATURE _____ DATE _____

TECHNICIAN SIGNATURE _____ DATE _____



Medications to Avoid

Aspirin & Aspirin-Related Products

Aspirin and aspirin-related products (see following list) should not be taken either 7-10 days before or 7-10 after surgery because they increase the tendency of bleeding. For this reason, it is very important that contents of any “over-the-counter preparations” be checked carefully prior to their use. Many headache preparations, cold remedies, and “hangover cures” contain ASPIRIN. The chemical name of aspirin is acetylsalicylic acid.

Examples of drugs containing salicylates (aspirin) are as follows:

Acetidine	Coricidin	Liquiprin
Alka-Seltzer	Coumadin	Midol
Anacin	Darvon compound	Pepto-Bismol
Anahist	Dristan	Persistin
APC	Ecotrin	Plavix
Aspirin	Empirin Compound	Sal-Sayne
BC	Excedrin	Stanback
Bromo-Quinine Bromo-Seltzer	4-Way Cold Tablets Inhiston	Theracin Trigesic
Bufferin		

Examples of aspirin-related products are as follows:

Advil	Ibuprofen	Orudis
Anaprox	Indocin	Oruvail
Ansaid	Indomethacin	Piroxicam
Arthrotect	Ketoprofen	Ponstel
Cataflem	Ketorolac	Relafen
Celebrex	Lodine	Sulindac
Celecoxib	Mefenamic Acid	Tolectin
Clinoril	Mobic	Tolmetin
Daypro	Motrin	Toradol
Diclofenac	Naprelan	Vioxx
Dolobid	Naprosyn	Voltaren
Etodolac	Naproxen	
Feldene	Nuprin	



You can substitute TYLENOL (acetaminophen) for these products if you require pain medication before surgery.

Check with your pharmacist if you are uncertain whether a medicine contains aspirin.

Herbal Medications & Nutritional Supplements

Some herbal medications and nutritional supplements may also increase bleeding or photosensitivity (i.e., sun sensitivity). Please discontinue all herbal medications and nutritional supplements 7-10 days before and 7-10 days after procedure. Some of the following plant foods, such as celery, dill, fennel, may be used in moderation in your diet.

Some herbal medications that may make you bleed:

Bilberry	Hawthorne	Sweet vernal grass leaves
Black cohosh rhizome	Horse chestnut bark	Sweet-scented bedstraw plant
Bromelain	Kava kava	Tonka bean seeds
Dong quai	Ma huang (ephedra)	Vanilla leaf leaves
Echinacea	Medadowsweed flower	Willow bark
Feverfew	Melatonin	Wintergreen leaves
Fish oil caps	Poplar bark or buds	Woodruff plant
Garlic	St. John's wort	Yohimbe
Ginseng	Sweet birch bark	
Ginkgo biloba	Sweet clover plant	

Vitamins

If you are taking a routine multi-vitamin, you may continue doing so. However, if you are taking any vitamin E pills, please stop 10 days before and 10 days after procedure, as this may increase your chance of bleeding.