



**Clinical Skin Evaluation**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Have you ever seen a dermatologist for your skin?    yes        no

Have you ever or are you currently taking any of the following medications?

\_\_\_\_\_ **Coumadin**    \_\_\_\_\_ **Accutane**    \_\_\_\_\_ **Minocyn**    \_\_\_\_\_ **Aspirin**

If you answered yes, please tell us when? \_\_\_\_\_

Have you ever had a **skin allergy**? (i.e. cosmetics, fabrics, latex, salicylic or glycolic acids, etc.)        yes        no

If yes, please explain. \_\_\_\_\_

The Parisian Peel Microdermabrasion should be avoided for individuals with **HIV, uncontrolled diabetes, suspected TB or pregnancy**. Is there a possibility that you may have one of these conditions?

\_\_\_\_\_ Yes        \_\_\_\_\_ No        If yes, please explain. \_\_\_\_\_

Would you describe your pigmentation as:    Even        Uneven        Birthmark        Pregnancy Mask

Do you have broken capillaries?    yes        no        Nose        Cheeks        Chin        Forehead        Entire Face

Do you have acne or periodic breakouts?    yes        no

\_\_\_\_\_ Pimples    \_\_\_\_\_ Whiteheads    \_\_\_\_\_ Blackheads    \_\_\_\_\_ Enlarged Pores    \_\_\_\_\_ Flakiness    \_\_\_\_\_ Acne Scars

Do you have:    Deep Wrinkles    Crows Feet    Fine Lines

Do you wear contact lenses?    yes        no

Do you form thick or raised scars from a cut or burn?    yes        no

Do you use a sunblock when outdoors?    yes        no

What SPF do you use? \_\_\_\_\_

Do you use chemical self-tanning lotions?    yes        no

Have you or members of your family had skin cancer?    yes        no        Location \_\_\_\_\_

Have you ever had any of the following hair removal treatments?    bleach    electrolysis    epilation    wax    pluck    shave

When was your last hair removal treatment? \_\_\_\_\_

What color is the hair in the area to be treated? \_\_\_\_\_

Have you had Botox or any type of filler injection within the last 2 weeks?    \_\_\_\_\_ Yes        \_\_\_\_\_ No

Have you undergone Laser Resurfacing with the past 12 weeks?    \_\_\_\_\_ Yes        \_\_\_\_\_ No

Have you had a glycolic or TCA peel within the past 8 weeks?    \_\_\_\_\_ Yes        \_\_\_\_\_ No

How do you wish to improve your skin? \_\_\_\_\_

\_\_\_\_\_