Wake Forest® Baptist Health

WFBH Patient Sticker

FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY
AESTHETIC NEW PATIENT HISTORY FORM
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JAMIE PAGE, LICENSED AESTHETICIAN

Name: _____
Last *First* *MI*

Date of birth: _____/_____/_____ Age: _____ Height: _____ Weight: _____

Email: _____

May we use your email to contact you about special promotions: ☐Yes ☐No

Referral Information

☐Patient, Name:_____ ☐Friend, Name:_____ ☐Newspaper ☐Magazine
☐Physician/Dentist:_____ ☐Nurse, Name:_____ ☐Radio ☐Website
☐Other:_____ ☐Yellow Pages

Please check service you are interested in:

- o Basic Skin Care (Facial)
- o Specialized Facial _____
- o Microdermabrasion
- o Hair Removal
- o Removal of Brown Spots, Red Spots
- o Rosacea Treatment
- o Acne Treatment Program
- o Photorejuvenation
- o Waxing
- o Chemical Peels
- o Botox/Fillers

SURGICAL PROCEDURES: *(Note: additional questionnaire to be completed)*
Have you had any SURGERIES? List the procedures and dates received if you can:

_____ When? _____
_____ When? _____
_____ When? _____
_____ When? _____

MEDICATIONS:
Are you taking any MEDICATIONS or DRUGS? If so, list below:

_____ *How often?* _____ *What For?*_____
_____ *How often?* _____ *What For?*_____
_____ *How often?* _____ *What For?*_____
_____ *How often?* _____ *What For?*_____

Yes No Currently taking Accutane treatment? Last time taken _____
Yes No Vitamins? _____
Yes No Herbal Supplements? _____
Yes No Have you taken any products containing Aspirin or blood thinners in the last 7 days?
Yes No Are you allergic to any medications? Please list: _____
Yes No Microdermabrasion?
Yes No Collagen injections? If so, when? _____
Yes No Recent facial surgery? If so, when? _____
Yes No Laser resurfacing?
Yes No Dermabrasion?
Yes No Previous chemical peel - if so, what type? _____ When? _____

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Yes No Do alcohol products irritate your skin?
Yes No Are you on antibiotics at this time? If so, what? _____
Yes No Do you use glycolic or alphahydroxy skin care products?
Yes No Have any skin care or makeup products caused any skin problems?
If so, explain _____
Yes No Do you wear sunblock daily?
Yes No Are you pregnant, nursing or planning a pregnancy?

Please list all products you are using on your skin including soaps, prescription topicals, creams, scrubs, etc.

_____

_____

What brand of makeup?_____
Your skin type is? (*please circle one*) Normal Dry/Dehydrated Oily Acne/Acne Prone Rosacea
When were you last exposed to sun or a tanning bed? _____
Have you or are you currently using Retin A? Yes No
If yes, what strength of Retin A have you used? (circle one) .025% .05% .1%
How long have you been using Retin A? _____
Are you undergoing any facial waxing procedures? Yes No If yes, what areas? _____

Have you experienced any of the following?

High or Low Blood Pressure ..... Yes No
Seizures or Convulsions ..... Yes No
Stroke ..... Yes No
Asthma ..... Yes No
Pulmonary embolus ..... Yes No
Septicemia ..... Yes No
Hepatitis ..... Yes No
Easily bruise ..... Yes No
Migraine headaches ..... Yes No
Dark spots after pregnancy or injury .. Yes No
Cancer ..... Yes No
Scleroderma ..... Yes No
Keloid scars ..... Yes No
Treatment with Coumadin or Heparin Yes No
Hormone replacement therapy ..... Yes No
Circulatory problems ..... Yes No
Tumors or cysts ..... Yes No
Cataracts / dry eye ..... Yes No
Eye or eyelid surgery ..... Yes No
Visual disturbances ..... Yes No

Depression / Severe mood swings ..... Yes No
Diabetes ..... Yes No
Fainting or dizzy spells ..... Yes No
Blood transfusion ..... Yes No
Thrombophlebitis ..... Yes No
Deep vein thrombosis ..... Yes No
Autoimmune disease (lupus, MS) ..... Yes No
Hemophilia/bleeding disease ..... Yes No
Heart disease ..... Yes No
Immunodeficiency condition ..... Yes No
Rheumatoid arthritis ..... Yes No
Skin cancer ..... Yes No
Cold sores/herpes simplex ..... Yes No
Abnormal response to light ..... Yes No
Treatment with Accutane ..... Yes No
Abnormal heart condition ..... Yes No
Epilepsy ..... Yes No
Chemotherapy or radiation ..... Yes No
Corneal abrasions ..... Yes No
Contacts ..... Yes No
Other _____

Patient's Signature _____ Date/Time _____
Aesthetician's Signature _____ Date/Time _____
Reviewed by _____ Date/Time _____