

Medically Yours,
Stacy L. Davidson, FNP- BC
innovative health and skincare for all

COSMETIC REGISTRATION & CLIENT QUESTIONNAIRE

Today's Date: _____ **Primary Care Provider:** _____
 First Name: _____ Middle: _____ Last Name: _____ Birthdate: _____
 Home Address: _____ City: _____ State: _____ Zip: _____ Age: _____ Sex: _____
 Home #: _____ Mobile #: _____ E-mail Address: _____
 May we send confirmations to email address? Yes No If not, what number shall we contact you and at what times? _____
 How did you learn about us? _____
 Emergency Contact Name: _____ Emergency Contact Phone #: _____ Relationship _____

Cosmetic Procedure Goals: Indicate the cosmetic procedure(s) you are considering:

Medically Aesthetic: Facials Chemical Skin Peel Microdermabrasion/Dermaplaning Eyelashes Waxing

For what skin conditions are you seeking consultation? (acne, rosacea, brown-spots)	What has aggravated the condition?	What has helped the condition??

Are you allergic/sensitive to any of the following? Check all that apply: milk, apples, citrus, grapes, aloe vera, aspirin, perfumes, latex, hydroquinone, mushrooms, retinol products?

Allergies?	Medications?	Precautions?	Other??	Current Skin Regimen A.M.	Current Skin Regimen P.M.
		<input type="checkbox"/> Pregnancy/Lactating	<input type="checkbox"/> Last Botox Use: ____/____/____	1.	1.
		<input type="checkbox"/> Last cold sore: ____/____/____	<input type="checkbox"/> Last Filler Use: ____/____/____	2.	2.
		<input type="checkbox"/> Last Wax: ____/____/____	<input type="checkbox"/> Last Needling Use: ____/____/____	3.	3.
		<input type="checkbox"/> Last Chemical Peel: ____/____/____	Surgical Procedures:	4.	4.
		<input type="checkbox"/> Laser Resurfacing: ____/____/____		5.	5.
Avoid: _____	<input type="checkbox"/> Retin A: ____ %	<input type="checkbox"/> Accutane Use: ____/____/____			
Avoid: _____	<input type="checkbox"/> Hydroquinone: ____ %	<input type="checkbox"/> Chemotherapy / Radiation Use: ____/____/____			Do you use a Clarisonic Facial Brush or other home device?