



EMA \_\_\_\_\_ VISIA \_\_\_\_\_

Time/Duration: \_\_\_\_\_

### COSMETIC CONSULTATION

Name \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

Referred by: \_\_\_\_\_

#### Primary Concerns-

- A.
- B.
- C.

#### Past Procedures/Treatments-

- 1.
- 2.
- 3.

#### Topical skin care products you currently use-

- 
- 
- 
- 

Allergies: \_\_\_\_\_

Current Medication(s): \_\_\_\_\_

- Do you have a personal history of vitiligo? Yes / No
  - Do you have a family history of vitiligo? Yes / No
- Do you have a history of HSV (Cold sores)? Yes / No - If yes, how many in a year?
- Have you ever had Gold Therapy? Yes / No
- Are you pregnant, planning pregnancy, or nursing? Yes / No
- Do you have problems with healing, scarring or bleeding? Yes / No
- HX of tanning bed use? (15-21) Yes / No
- HX of skin cancer? Yes / No
- Family HX of skin cancer? Yes / No
- Do you smoke? Yes / No
- Have you had any surgeries in the past? Yes / No
  - If yes, what surgery and when?