RejuvedermMD
AESTHETIC CENTER

**What are your cosmetic concerns? (check all that apply)**

- ☐ Fine Lines and Wrinkles
- ☐ Significant Lines Around Nose & Mouth
- ☐ Hyperpigmentation (Dark Spots) & Freckles
- ☐ Facial Hair
- ☐ Acne
- ☐ Dry Skin
- ☐ Dark Under Eye Circles
- ☐ Sagging Skin
- ☐ Unwanted Facial or Body Hair
- ☐ Tired Looking Skin/Rough Texture
- ☐ Stretch Marks
- ☐ Fat Reduction (Body/Chin)

When looking at my face in the mirror, I believe I look younger, the same as or older than my true age?

| Younger Than | | True Age | | Older Than |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

When looking at my face in the mirror, I am conerned, somewhat concerned or very concerned about the appearance of my skin?

| Not Concerned | | Somewhat Concerned | | Very Concerned |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

If you could improve anything about your appearance, what would it be? ______________________________

______________________________________________________________________

**Are you interested in learning more about the following? (check all that apply)**

- ☐ Botox/Dysport
- ☐ Cosmetic Filler
- ☐ Laser Hair Removal
- ☐ Pharmaceutical grade Skin Care/Retin A
- ☐ Microdermabrasion
- ☐ Skin Rejuvenation
- ☐ Leg Vein Removal
- ☐ Age/Liver Spots
- ☐ Sun Protection
- ☐ Chemical Peels
- ☐ Facial Vein Removal
- ☐ Birthmarks

Please list your current skincare regimen: ______________________________

Date of last sun exposure, last time you were in a tanning bed or used a self tanner: ______________

Going back three generations what is your heritage? (Indian, Native American, Asian, Latin, African, European) ______________________________

**Fitzpatrick Skin Test:**

**Type I:** pale white skin; always burns, tans, red or blonde hair, light eyes.

**Type II:** fair skin, blue eyes; burns easily, rarely tans

**Type III:** darker white skin; tans after initial burn

**Type IV:** light brown/olive skin; burns minimally, tans easily

**Type V:** brown skin; rarely burns, tans/darkens easily

**Type VI:** dark brown or black skin; never burns, always tans dark

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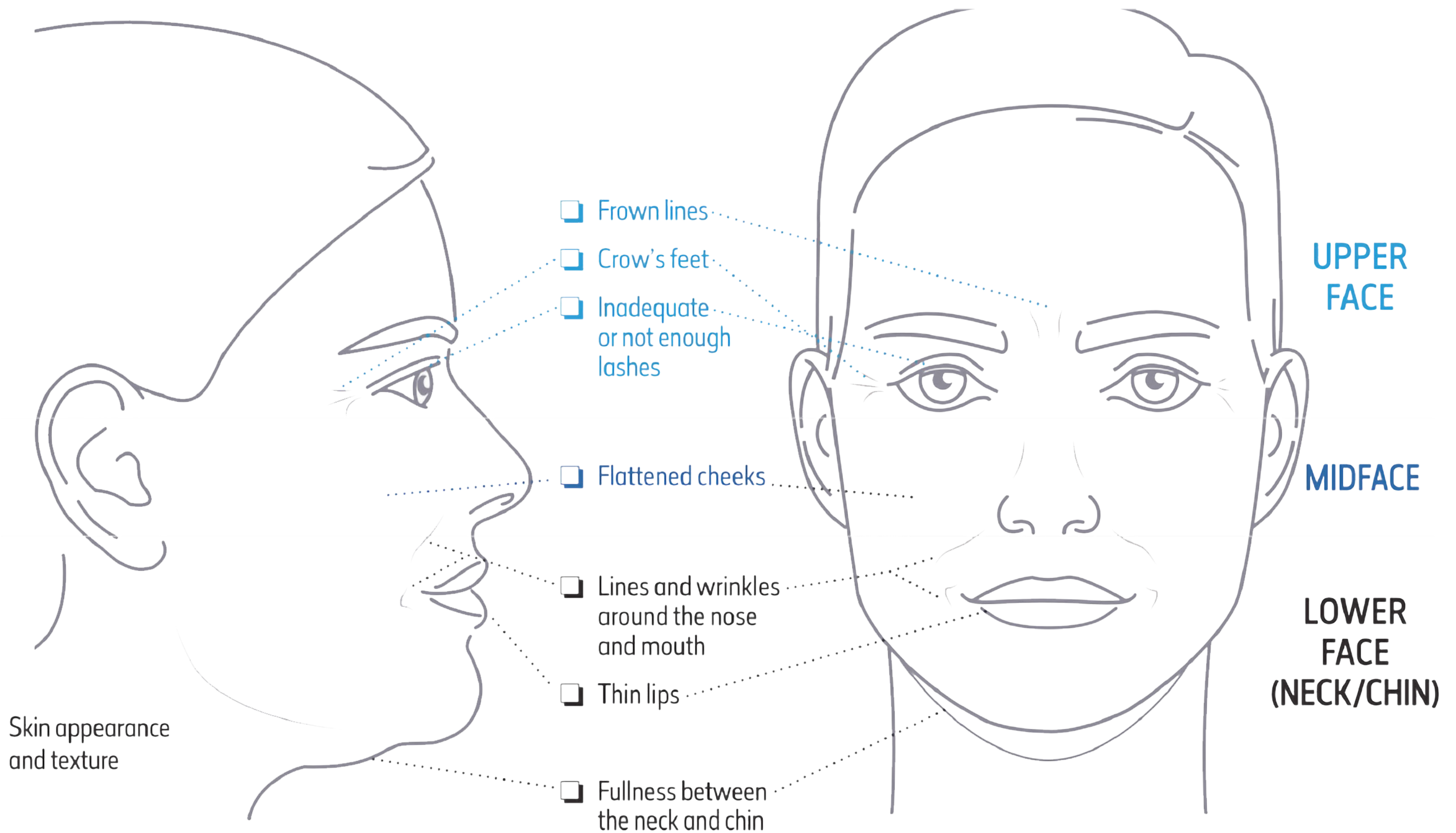
**What previous cosmetic services/products have you had done/used? (check all that apply)**

- ☐ Chemical Peel
- ☐ Microdermabrasion
- ☐ Botox/Dysport/Xeomin
- ☐ Prescription Topical Creams
- ☐ Retinol Products
- ☐ Cosmetic Filler
- ☐ Laser Treatments; Please Specify: ______________________
- ☐ Cosmetic Surgery; Please Specify: ______________________

Are you currently being treated at another medical spa or dermatology office? ☐
(check one) Y or N

Please select which areas concern you on the diagram below:




Patient Signature: ______________________ Date: ____________