**广州颜青医疗问诊记录单 日期：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | **性别** | |  | | **出生年月** | |  | | **年龄** |  | | **居住地**  **（省、市）** | |  |
| **药物过敏史： 是否怀孕**  **(孕期、 是否经期**  **哺乳期）** | | | | | | | | | | | | | | | | |
| **主诉：** | | | | | | | | | | | | | | | | |
| **治疗意见：** | | | | | | | | | | | | | | | | |
| **接待**  **护士** | |  | | **面诊**  **医生** | |  | | **就诊**  **时间** | |  | | | **择期**  **预约时间** | |  | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 皮肤问题  治疗方案 | | | 肤质改变 | | | | 松弛 | 皱纹 | 凹陷  轮廓 |
| 色素 | 亮度 | 平滑 | 毛孔 |
| 护肤品 | 防晒\* | | ＋＋＋ | ＋＋＋ | ＋＋＋ | ＋＋＋ | ＋＋＋ | ＋＋＋ |  |
| 抗氧化\* | | ＋＋＋ | ＋＋＋ | ＋＋＋ | ＋＋＋ | ＋＋＋ | ＋＋＋ |  |
| 柠檬酸果酸 | | ＋＋＋ | ＋＋＋ | ＋＋＋ | ＋＋ | ＋＋ | ＋ |  |
| 杏仁酸果酸 | | ＋＋ | ＋＋＋ | ＋＋＋ | ＋＋＋ | ＋＋ | ＋ |  |
| 光  电类治疗 | eMax | | ＋ |  | ＋ | ＋ | ＋ |  |  |
| 光子 | | ＋＋ | ＋＋ | ＋ | ＋ | ＋ | ＋ |  |
| 超声炮 | |  | ＋ | ＋ |  | ＋＋＋＋ | ＋ | ＋＋＋ |
| 点阵 | 光纤 | ＋ |  | ＋ | ＋＋ | ＋＋ | ＋＋ |  |
| 铒激光 | ＋＋ |  | ＋ | ＋＋ | ＋ |  |  |
| CO2 |  |  | ＋ | ＋＋＋ | ＋＋ | ＋＋ |  |
| 水滴 | ＋ |  | ＋ | ＋ | ＋ | ＋ |  |
| 黄金 |  |  | ＋ | ＋＋＋ | ＋＋＋ | ＋＋＋ | ＋ |
| 纳秒白瓷 | | ＋＋＋ | ＋ | ＋ | ＋ |  |  |  |
| 水光 | | 玻尿酸 | ＋ | ＋ | ＋ | ＋＋ | ＋ | ＋ |  |
| 肉毒素 | ＋ |  | ＋ | ＋＋＋ | ＋ | ＋ |  |
| 微整形 | 肉毒素 | 上面部 |  |  |  |  |  | ＋＋＋ | ＋ |
| 提升 |  |  |  |  | ＋ |  | ＋＋ |
| 咬肌 |  |  |  |  |  |  | ＋＋＋ |
| 玻尿酸 | |  |  |  | ＋ | ＋＋ | ＋ | ＋＋＋ |
| 手术 | 埋线 | |  |  |  | ＋ | ＋＋＋＋ | ＋ | ＋＋＋ |
| 脂肪填充  （Svf-gel） | | ＋ | ＋ | ＋ | ＋ | ＋＋ | ＋＋ | ＋＋＋ |