

Medical Aesthetics Health History & Consultation Form

PERSONAL INFO:

Date:	October 4, 2020	City:	Outremont
Name:	Sean Connelly	Province:	Quebec
Date of birth:	1978/12/09	Postal:	H2V 3A3
Address:	979 Avenue Rockland	Phone:	9024497749

Allergies: none

Current meds:

Previous Surgeries:

- 1.
- 2.
- 3.
- 4.

Skin cancer: No

Cancer type: Basal Cell

TMJ	No	Cancer	No
Constipation	No	Cancer	No
Crohn's/IBS	No	Diabetes	No
Heart Disease	No	Epilepsy	No
Contact Lenses	No	Hepatitis B/C	No
Hearing Aids	No	HIV	No
Anxiety/Depression	Yes	Lupus	No
OCD	No	Thyroid Disorder	No
Herpes Simplex (Cold Sores)	No		

WOMEN:

Birth Control	Yes	How long?	since puberty 14 years old
Menopause	No	Polycystic Ovaries	Yes
Pregnant	No	Hormone Replacement Therapy	No
Breastfeeding	No		
Hysterectomy	No	When?	

COSMETIC MEDICAL HISTORY:

Dermatologist:

Accutane: Yes

Oral Antibiotics: No

Time used:

Injectons:

Botox: Yes

Restylane/Perlane: No

Artecoll: No

Laser Resurfacing: No

What area?

Happy with results?

Facials: Yes

Microdermabrasion: No

Chemical Peels: No

Last Treatment:

Reason:

Retin-A: Yes Strength:

Hydrocortisone: No Strength:

Laser/IPL Hair Removal: No

Thermage: No

IPL/Sclerotherapy: No

Glycolic/Lactic Acid Peels: No

Salicylic Acid Peels: No

Happy with results?

LIFESTYLE

Occupation: web designer

Stress level: Moderate

Sleep pattern: 4-6 hrs

Vitamins:

Daily water:

Daily cigarettes:

Exercise

Cardio: No

Weights: No

Stretching: No

Full Time

Handle stress well: Yes

Diet: Average

Daily coffee:

Daily alcohol:

Exercise how often? < 2 x week

SKIN CONDITIONS

Acne:	No	Psoriasis:	No	Dermatitis:	No
Blackheads:	No	Sun Damage:	No	Freckles/Moles:	No
Eczema:	No	Uneven Texture:	No	Scars (Non-acneic):	No
Whiteheads:	No	Acne Scars:	No	Back/Chest Acne:	No
Sensitive Skin:	No	Dark Circles:	Yes	Dry Skin:	No
Uneven Pigment:	No	Enlarged Pores:	No	Lines/Wrinkles:	No
Acne Rosacea:	No	Rosacea:	No	Seborrhea:	No
Congested Skin:	No	Vitiligo:	No	Eye Puffiness:	No
Elasticity Loss:	No	Aging Skin:	No	Telangiectasia:	No

Primary concerns:

- 1.
 - 2.
 - 3.
-

SUN EXPOSURE / REACTION

How do you react to the sun? Burn first, tan with difficulty

How dark can your skin turn? Never tan, hardly ever

Have you blistered from a sunburn? Yes

Blister area?

How do you tan? Tanning Bed

How often do you tan? Often

What is your natural non-exposed skin color? Pale with beige tint

GENETIC HISTORY

Ethnicity:

Hair Color:	Chestnut/dark blonde	Eye Color:	Light blue/green/grey
Contact for Botox/filler promotions?	No	Contact for skin care assistance?	No



MEDICAL AESTHETICS CONSULTATION NOTES

SKIN ASSESSMENT NOTES

Fitzpatrick _____ Lancer Scale _____

Colour: ☐ White ☐ Olive/Mid East ☐ Asian ☐ South Asian ☐ Black ☐ Native

Thickness: ☐ Thin ☐ Medium ☐ Thick

Oiliness: ☐ Normal ☐ Dry ☐ Normal-Dry ☐ Normal-Oily ☐ Oily

Laxity: ☐ None ☐ Mild ☐ Moderate ☐ Moderate-Severe ☐ Severe

Fragility: ☐ Tough ☐ Normal ☐ Mild ☐ Moderate ☐ Severe

SKIN CONDITIONS

Dehydration: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Isolated ☐ Throughout

Sensitivity: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Isolated ☐ Throughout

Areas Affected _____

Reactivity: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Reduces Quickly

Areas Affected _____

Acne: ☐ None ☐ Grade 1 ☐ Grade 2 ☐ Grade 3 ☐ Grade 4

☐ Isolated Comedones ☐ Isolated Papules ☐ Isolated Pustules ☐ Isolated Cysts

☐ Sub-epidermal Oil Congestion ☐ Enlarged Pores

Areas Affected _____

Rosacea: ☐ Type 1 ☐ Type 2 ☐ Type 3 ☐ Type 4 ☐ Isolated Telangiectasia

Areas Affected _____

Hyperpigmentation: ☐ None ☐ Freckles ☐ Moles ☐ Melasma ☐ Lesions

☐ Hypopigmentation ☐ Vitiligo ☐ UV-related ☐ PIH ☐ Isolated ☐ Throughout

☐ Mild (1-3 shades) ☐ Moderate (4-5 shades) ☐ Severe (6+ shades)

Areas Affected/Size _____

Scarring: ☐ Acne ☐ Injury ☐ Flat ☐ Raised ☐ Keloid ☐ Pitted ☐ White ☐ Inflamed

Areas Affected _____

Lines/Wrinkles: ☐ None ☐ Mild ☐ Moderate ☐ Moderate-Severe ☐ Severe

Areas Affected _____

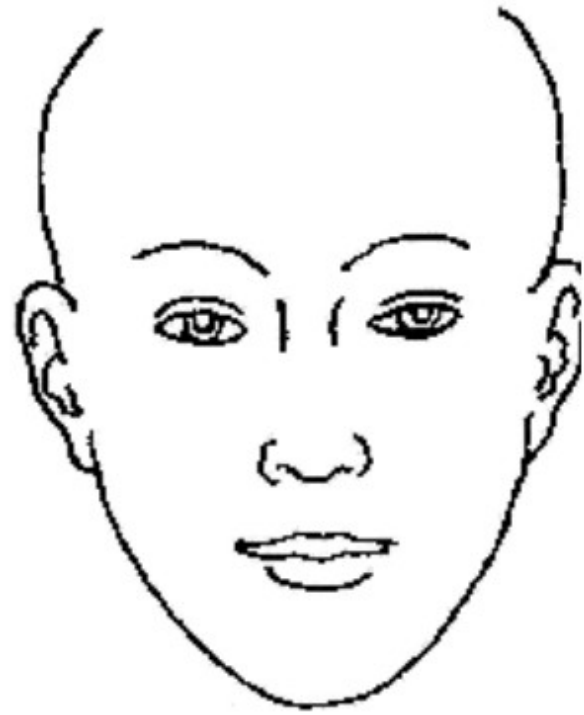
HOME CARE HISTORY

Makeup ☐ Never ☐ Sometimes ☐ Occasions ☐ Daily ☐ Allergic

☐ Liquid Foundation ☐ Powder Foundation ☐ Concealer ☐ Powder ☐ Blush

☐ Eye Makeup ☐ Lip Makeup Brands _____

COMMENTS



LEGEND

• = Comedone

x = Scar

//// = Hyperpigmentation

O = Pimple

--- = Line/Wrinkle

-- = Broken Capillary

RECOMMENDED COURSE OF TREATMENT

RECOMMENDED HOME CARE REGIME

AM:

PM:

