



Kingwood DermSpa  
19701 Kingwood Drive Bldg. 6  
Kingwood, Texas 77339

**COSMETIC MEDICAL HISTORY (PLEASE PRINT)**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M \_\_\_ F \_\_\_

DATE OF BIRTH: \_\_\_\_\_

REASON FOR VISIT: \_\_\_\_\_

**MEDICATIONS:** Please list ALL medications prescribed and over the counter. Include strength and times per day taken:

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**DRUG ALLERGIES:** Please list all drug/medication allergies: Also list type of reaction you had.

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**Allergic to Latex?** Yes \_\_\_\_\_ No \_\_\_\_\_

**SOCIAL HISTORY:**

Marital Status:

Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Separated \_\_\_

Occupation: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Names of Children: \_\_\_\_\_



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Exercise per week \_\_\_\_\_

Smoking? Yes \_\_\_ packs per day \_\_\_ No \_\_\_

Alcohol? Yes \_\_\_ drinks per day \_\_\_ No \_\_\_

**FOR WOMEN ONLY:** Are you pregnant? Yes \_\_\_ No \_\_\_ If yes, how far along? \_\_\_\_\_

**QUESTIONS RELATING TO SKIN/SKIN CARE:**

\_\_\_ Yes \_\_\_ No Have you ever had herpes, cold sores, fever blisters, keloids or hives?

\_\_\_ Yes \_\_\_ No Is your family prone to vascular blemishes? Spider Veins \_\_\_ Varicose Leg Veins \_\_\_ Cherry Angioma \_\_\_  
Facial Capillaries \_\_\_ Rosacea \_\_\_

\_\_\_ Yes \_\_\_ No Have you ever visited a dermatologist, plastic surgeon, cosmetic dentist, or other skin care clinic?

Please list details:

\_\_\_\_\_

\_\_\_ Yes \_\_\_ No Have you ever used Retin-A or a similar product?

\_\_\_ Yes \_\_\_ No Do you use skin products such as moisturizer, cleanser? What Brand? \_\_\_\_\_

\_\_\_ Yes \_\_\_ No Do you sun bathe? Tan?

\_\_\_ Yes \_\_\_ No Do you use sunscreen?

Is your skin \_\_\_ Dry \_\_\_ Oily \_\_\_ Normal \_\_\_ Combination

Are you: \_\_\_ Fair \_\_\_ Olive \_\_\_ Asian \_\_\_ Hispanic \_\_\_ Native American \_\_\_ African American

What are your concerns with your skin?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Please answer the following questions by circling the number which best describes you. Your clinician will total the score during the consultation. If skin type is V or VI: You need to schedule a SKIN SPOT TEST which would mean you have to come in for a consult.

My Eye Color is	Light Blue Blue/Green Green/Gray/Golden Hazel/Light Brown Brown	0 1 2 3 4
My natural hair color at age 18 was:	Red Blonde Light Brown Medium to Dark Brown Black	0 1 2 3 4
The color of my skin that is not normally exposed to sun is:	Pink to Reddish Very Pale Pale with a beige tint Light Brown Medium to Dark Brown Dark Brown/Black	0 1 2 3 4 5
If I go into the sun for an hour or so without sunscreen and have not been in the sun for weeks, my skin will:	Burn, blister and peel Burn, little to no color change Burn then tan Get pink then tan Just tan Just gets darker My skin color is dark	0 1 2 3 4 5 6
When was the last time the area to be treated was exposed to sunlight, tanning booths, or tanning creams?	Longer than 1 month ago Within the past month Within the past 2 weeks Within the past week	1 2 3 4



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<b>If Your Score is:</b>	<b>Your Skin Type Is:</b>	<b>Total Score:</b>
0-3	I	
4-7	II	
8-11	III	
12-15	IV	
16-19	V	
20-24	VI	