

List previous types of cosmetic procedures (chemical peel, microdermabrasion, botox, collagen injections, sclerotherapy, micropigmentation-permanent-make-up, etc.):

\_\_\_\_\_ When: \_\_\_\_\_

**Circle Yes or No:**

- Yes No 1.) Do you have cold sores? If yes, when was the last? \_\_\_\_\_  
Yes No 2.) Do you have HIV?  
Yes No 3.) Do you have keloid formation or scars that haven't healed smoothly?  
Yes No 4.) Do you have any skin disorders e.g. psoriasis, vitiligo, skin cancer, etc.?  
Yes No 5.) Are you diabetic?  
Yes No 6.) Do you have hepatitis?  
Yes No 7.) Are you or could you be pregnant?  
Yes No 8.) Do you have any endocrine disorders?  
Yes No 9.) Do you have polycystic ovarian disease?  
Yes No 10.) Do you have heart disease?  
Yes No 11.) Do you have lung disease?  
Yes No 12.) Do you have high blood pressure?  
Yes No 13.) Do you take any medication that causes photosensitivity?  
Yes No 14.) Do you have any clotting problems?  
Yes No 15.) Have you ever had a DVT (deep venous thrombosis)?  
Yes No 16.) Do you have a tattoo(s) in the area(s) that you want treated?  
Yes No 17.) Have you sunbathed or been in a tanning bed within the last 30 days?

Which of the following best describes your skin type? Circle one:

1. Always burn, never tan
2. Always burn, sometimes tan
3. Sometimes burn, tan somewhat
4. Rarely burn, tan with ease
5. Moderately pigmented, never burn

Describe your skin. Check those that apply:

Oily\_\_\_\_Dry\_\_\_\_Combination\_\_\_\_Normal\_\_\_\_Sensitive\_\_\_\_Sun-Damaged\_\_\_\_  
Freckled\_\_\_\_Mature\_\_\_\_Wrinkled\_\_\_\_Broken Surface Capillaries\_\_\_\_  
Hypo/HyperPigmented\_\_\_\_Melasma\_\_\_\_Rosacea\_\_\_\_Eczema\_\_\_\_  
Psoriasis\_\_\_\_Acne\_\_\_\_Scarred\_\_\_\_Large Pores\_\_\_\_Small pores\_\_\_\_

Do you have any particular skin problem or concerns? \_\_\_\_\_

How did you hear about **Anew Visage**? \_\_\_\_\_

What is your e-mail address? \_\_\_\_\_

To the best of my knowledge, the information I provided is true. I understand that this information is confidential and will not be disclosed without my written consent.

Patient or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_