Cibolo Creek Dermatology Group

DR. MONICA MCCRARY
LAURA ALLEN, RN BSN

COSMETIC

PATIENT INFORMATION

Last Name: _____
First Name: _____
Preferred Name: _____
Middle Name: _____ Suffix: _____
Former Last Name: _____
Gender: _____
Date of Birth: _____ / _____ / _____
Address: _____
Address: *(Apt., Unit, etc.)*: _____
Zip Code: _____
City: _____ State: _____

I wish to be contacted in the following manner:
☐ Home Phone: (_____) _____
☐ Mobile Phone: (_____) _____
☐ Work Phone: (_____) _____
Extension: _____

**** Cosmetic treatments are cash pay services. Insurance information is only used if a future medical visit is needed.***

Primary Insurance
Insurance Company: _____
Patient's relationship to Policy Holder:
☐ Self ☐ Spouse ☐ Child ☐ Other _____
Policy Holder Last Name: _____
Policy Holder First Name: _____
Policy Holder Date of Birth: _____ / _____ / _____
Policy Holder Gender: _____

Secondary Insurance
Insurance Company: _____
Patient's relationship to Policy Holder:
☐ Self ☐ Spouse ☐ Child ☐ Other _____
Policy Holder Last Name: _____
Policy Holder First Name: _____
Policy Holder Date of Birth: _____ / _____ / _____
Policy Holder Gender: _____

EMERGENCY CONTACT: Name: _____
Phone Number: _____ Relationship: _____

ALLERGIES: Do you have any known allergies (including medications, foods, latex, bandage tape)? ☐ YES ☐ NO
If YES, please provide more detail: _____

When contacting me (please check one):	Patient's Preferred Phone#:
☐ Leave a message with detailed information. ☐ Leave a message with a call back number only ☐ Do NOT leave a message.	Patient's Email Address:

Pharmacy Name: _____ Phone:(_____) _____
Street: _____
City: _____ State: _____ Zip Code: _____

If you are a **FEMALE** patient *(otherwise leave blank)*.

Are you pregnant or trying to become pregnant?	☐ YES	☐ NO
Are you nursing or breastfeeding?	☐ YES	☐ NO
Do you have PCOS (polycystic ovarian disorder)?	☐ YES	☐ NO

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PAST MEDICAL HISTORY:

Which of the following medical conditions or treatments have you ever had? *Check all that apply.*

☐ HIV/AIDS	☐ Hepatitis B	☐ Hepatitis C	☐ Diabetes	☐ Tuberculosis
☐ Biologic Therapy/ Chemotherapy	☐ Organ or Bone Marrow Transplantation	☐ Radiation Treatment	☐ Cancer If YES, which types: _____ _____	
☐ Heat Uticaria	☐ Auto Immune Disorder	☐ Blood Disorders	☐ Infections or Open Wounds	☐ Skin Photosensitivity Disorder
☐ Diseases Affecting Collagen	☐ Cold Sores	☐ Keloid Scarring	☐ Light Induced Seizures	☐ Permanent Makeup or Tattoos
☐ Accutane Use If YES, last dose: _____		☐ Blood Thinners If YES, please specify type and last usage: _____		

Please list any other known medical conditions, surgeries, and hospitalizations:

SKIN CONDITION HISTORY:

Do you use tanning beds? ☐ YES ☐ No

Do you use self-tanning cream? ☐ YES ☐ No

Do you use Retin-A? ☐ YES ☐ No

If yes, when was your last use? _____

When was the last time you had sun exposure longer than 30 minutes without Sunscreen? _____

Have you had the following?	Please include location and date of last use/application/treatment
☐ Botox	
☐ Fillers	
☐ Cosmetic Laser Treatments	
☐ Hair Removal	

Patient/Legal Guardian's Signature:	*(Office use only)* Entered into EMA by:

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SKIN TYPING WORKSHEET

Client Name: _____ Date: _____

Score: _____		0	1	2	3	4
	What is your eye color?	Light blue or gray	Blue or green	Hazel, Light brown	Dark brown	Brownish black
	What is the natural color of your hair?	Red, Sandy red	Blonde	Dark blonde, chestnut, Brown	Dark brown	Black
	What is the color of your skin (unexposed areas)?	Reddish	Very pale	Pale with beige tint	Light brown	Dark brown
	Do you have freckles on sun-exposed areas?	Many	Several	Few	Incidental	None
	What happens when you stay in the sun too long?	Painful redness, blistering, peeling	Blistering, followed by peeling	Burns, sometimes followed by peeling	Rarely bums	Never had bums
	To what degree do you turn brown?	Hardly any or not at all	Light tan	Reasonable tan	Tan very easily	Turn dark brown quickly
	Do you turn brown several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always
	How does your face respond to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem
	When did you last expose yourself to the sun, tanning bed or self-tanning creams?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than 1 month ago	Less than 2 weeks ago
	How often is the area you want to have treated exposed to the sun?	Never	Hardly ever	Sometimes	Often	Always

Add above for Total score:	Match your total score with the corresponding Skin Type.	Fitzpatrick Skin Type:
	0 – 7	I
	8 – 16	II
	17 – 25	III
	26 – 30	IV
	Over 30	V - VI