

	PATIENT HEALTH & AESTHETIC ASSESSMENT FORM							
	First Name Middle Initial Last Name Date of Birth							
	Email Address			Phone Number		How did you hear about us?		
	Place list any allorgies	and your reaction	o(e):					
		Please list any allergies and your reaction(s):			Allergy	Describe Reaction		
	Allergy Describe Reaction				, morgy	Becombe redución		
	Allergy Describe Reaction				Allergy	Describe Reaction		
	Do you currently take/use any of the following?					Are you currently being	treated for any of	
	Appetite Suppresant		How long have you been on this?			the following?		
						Diabetes		
	Hydrocortisone	%	How long have you beer	n on this?		Auto Immune		
						Cancer		
	Stimulants/Meds for ADHD		How long have you been on this?			Please list any metal imp	plants you have below:	
			,			(please include pacemakers, cochlear implant		
	Oral Antibiotics		How long have you beer	on this?		metal fillings or wires in		
]			Trow long have you been on this:				alo modalijani,	
	Accutono		How long have you been	on thin?		2		
	Accutane		How long have you beer	i on this?				
]	_					3		
	Renova	%	How long have you beer	n on this?		4		
]						Do you have a history of any of the following:		
	Retinol/Retin A/Tretinoin	%	How long have you beer	n on this?			Skin Cancer	
							Cold Sores	
	Hormone Replacement T	herapy	How long have you been on this?				Keloid Scarring	
						ant or breastfeeding?		
	Blood thinners (Asprin, C	Coumadin)	How long have you beer	n on this?			Yes	
						No		
	Do you have allergies o	or sensitivities to a	y of the following?		Do you wear sunscreen	daily?		
	Asprin					Yes Which Brand?		
	Ascorbic AcidVitamin C				No			
	Alphahydroxy Acids (Sali	icylic Acid)			Do you use a tanning bed?			
	Betahydroxy Acids (Glycolic acid, Malic acid, Mandelic acid)					Yes How often?		
						No		
	Do you currently smoke?				How often do you consu	ume alcohol? (circle one)		
	Yes How often?				Daily / Weekly / Rarely / Never			
	No							
	What is your current oc	ccupation?		How would you rate your current stress level? (Circle one)				
	, , , , , , , , , , , , , , , , , , , ,			Low / Moderate / Severe				
	What is your daily activity level?							
		-			Moderately Active - Mod	lerate evercise 3-5 days/wo	ek	
	Limited - some walking/mostly sitting			Moderately Active - Moderate exercise 3-5 days/week				
	Moderate - Walking, moving more			Very Active - Heavy exercise 6-7 days/week				
	_	Sedentary - Little or no exercise/desk job Extremely - VERY heary exercise/physical job/Training 2x/day						
		Lightly Active - Light exercise 1-3 days/week						
	How often do you exercise outdoors?			How many hours are yo	_			
	Daily		Rarely		0-2 hrs	_	4-8 hrs	
	2-4 X/Week		Never		2-4 hrs		8+ hrs	



	PATIENT HEALTH & AESTHETIC ASSESSMENT FORM CONTINUED								
	Which of the following products are you currently using or have used in the last 6 months?								
	Cleanser Name/Brand	Length of time using:							
	oner Name/Brand			Length of time using:					
	Ascorbic Acid/Vitamin C Name/Brand		Length of time using: %						
	Hyaluronic Acid Name/Brand	Length of time using:							
				Length of time using:					
	Retinol (OTC) Name/Brand			Length of time using: %					
	Moisturizer Name/Brand			Length of time using:					
	Custom skincare system for acne such as Proactiv, Apostrophe, Dern	Length of time using:							
	Treatment for acne such as: Differin, Tazorac, Benzoyl Peroxide	Length of time using: %							
	Brightening agents such as: Hydroquinone, Kojic acid, Tretinoin, Vit C			Length of time using: %					
	Please indicate your skin concerns below - check ALL that apply		,						
	Age Prevention - mild signs of aging			Acne - /Breakouts					
	Very Fine Lines (visible lines during facial expression only)			Breakouts that are NOT inflamed					
	Uneven skin tone (some mild redness or pigmentation)			Breakouts are inconsistent in occurrence					
	Some mild textural inconsistencies			Breakouts cover less than 25% of the face					
	Mild, inconsistent imbalance in skin hydration/dryness.			Blackheads on nose, cheeks and/or forehead					
	Age Restoration - Moderate - Advanced signs of aging			Breakouts with mild inflammation in some areas					
	Lines/wrinkles that stay when expression has ceased			Textural congestion (thick/hard bumps that don't seem to go away)					
	laxity or sagging in the skin			Some infrequent nodular/cystic acne					
	textural inconsistencies (skin feels rough to the touch)			Breakouts on the skin are consistent					
	nevenness of skin tone (age/sun spots, redness)			Inflamed breakouts cover between 25%-50% of the face					
	Vascular lesions (small spider veins)			Severe congestion and/or textural bumps					
	Consistent inbalance in skin hydration/dryness			At least 50% of breakouts are inflamed at any given time					
	Discoloration/Hyperpigmentation			Some scarring is present due to breakouts (pitted, rough, red/brown)					
	Mild to moderate excess pigmentation across the nose,			Breakouts cover no more than 75% of the face					
	forehead and upper cheeks caused mostly from sun			Nodular/cystic breakouts that are consistent and painful					
	Mild to moderate redness of the skin that appears following			breakouts are severe causing pain throughout the day and night					
	a breakout or injury to the skin			All areas of the face are affected by inflamed breakouts					
	Moderate hyperpigmentation that occurs on all areas of the			moderate to severe scarring is present					
	face in different depths of color, both red and brown			severe textural inconsistencies					
	MELASMA - severe hyperpigmentation that appears in			Hard and soft breakouts that don't seem to go away					
	patches in different areas of the face, with or without additional			Breakouts that occur along lower face/jawline and are consistent with					
	pigmentation from sun damage.			a menstrual cycle (hormonal breakouts)					
_	Rosacea/Vascular redness			Health & Condition of your skin - check all that apply:					
	Cheeks are more pink in color than the rest of the face			Oily					
	Consistent redness on the nose/cheeks and/or forehead and			normal to oily					
_ ا	coverup is needed to even skin tone.			normal					
	Red papules or textual inconsistencies (bumps) on the skin			normal to dry					
	Vascular areas on the face/neck/chest (spider veins)			dry					
\vdash		-		Skin typically heals quickly without residual damage to the skin					
	We can create a regimen that allows you to spend more time			skin feels dry within hours of using moisturizers					
	on your skinare routine when it's best for you. What time of			skin reacts sensitively with even slight changes in product use					
_	day are you able to spend a few more min. on your skincare?			skin reddens easily					
	AM LI PM			Texture is rough and uneven in places					



PATIENT HEALTH & AESTHETIC ASSESSMENT FORM CONTINUED								
Which of the following treatments are	Do you currently wear makeup foundation?							
Diamond Glow	Botox	☐ Yes	How often?		Daily			
FotoFacial (IPL)	Fillers	☐ No		When goi	ing out			
Dermaplaning	☐ Sculptra	If yes, please check all of the following that apply:						
Laser Hair Removal	☐ PDO threads	☐ I buy my foundation at a super market/grocery store/beauty supply/makeup store						
microneedling		☐ I buy my foundation at a dept. store/online						
Radio Frequency Microneedling	☐ I buy my foundation at a salon/day spa/med spa							
OOT (fractional CO2)		What type of coverage do you prefer? What type of			dation do you prefer?			
CO2 resurfacing		☐ light		Liquid/Cream				
chemical peels		☐ medium		Powder				
Body Contouring		☐ full		I use both				
☐ We can create a custom dual regimen for those who travel frequently or those are in front of a camera frequently. Please indicate by checking the box if this is something you are interested in learning more about.								
Please read the following and indicate your agreement by checking each box and signing below: I acknowledge that the information submited in this form is true and accurate to the best of my knowledge. As the information contained herein may change, I agree to notify a member of the medical aesthetic team at Riverside Medical Aesthetics before continuing use of my medical grade products to ensure proper dosage, the health and safety of my skin, and to uphold the efficacy of the medical grade products.								
I understand and acknowledge that the medical grade products I may purchase at any time, as recommended in my custom treatment plan, are handled and viewed by RMA as a custom dosage system, similar to any other medicinal or supplementary custom dosage as recommended by health care professionals. As such, I should not recommend or attempt to replicate my custom treatment plan/regimen for anyone else and that I should refer them to RMA to receive proper guidance and information and/or their own custom treatment plan/regimen.								
I understand that once I purchase medical grade products that the sale of said products is final. No refunds or exchanges will be issued due to any anticipated response symptoms, undesirable reaction, discontent with smell or feeling of the products or any discomfort associated with using the products, or buyers remorse. If I have an extenuating circumstance that does not apply to any reasons listed herein, I will respectfully discuss my circumstance and desire for return with the practice manager in a timely manner for a possible resolution.								
(For online form submissions only) I understand and acknowledge that in order to receive the most accurate assessment and dosage to address my personal concerns it is highly recommended by RMA that I attend a consultation in person or virtually to allow for a medical aesthetic team member to visually assess my skin concerns and to facilitate in depth communication on skin condition and concerns.								
My signature below constitutes my acknowledgment that I, the patient, am a competent, consenting adult of at least 18 years of age (or my parent or legal guardian is giving consent on my behalf), and further, that I have read and understand the above information provided and indicated this by checking the required boxes.								
Patient Signature Date								

*If signed by someone other than the patient, please indicate relationship to the patient