



RIVERSIDE MEDICAL ARTS

PATIENT HEALTH & AESTHETIC ASSESSMENT FORM			
First Name		Middle Initial	Last Name
			Date of Birth / /
Email Address		Phone Number	How did you hear about us?
Please list any allergies and your reaction(s):			
Allergy	Describe Reaction	Allergy	Describe Reaction
Allergy	Describe Reaction	Allergy	Describe Reaction
Do you currently take/use any of the following?		Are you currently being treated for any of the following?	
<input type="checkbox"/> Appetite Suppressant	How long have you been on this? _____	Diabetes	<input type="checkbox"/>
<input type="checkbox"/> Hydrocortisone % _____	How long have you been on this? _____	Auto Immune	<input type="checkbox"/>
<input type="checkbox"/> Stimulants/Meds for ADHD	How long have you been on this? _____	Cancer	<input type="checkbox"/>
<input type="checkbox"/> Oral Antibiotics	How long have you been on this? _____	Please list any metal implants you have below: (please include pacemakers, cochlear implants, metal fillings or wires in the mouth/jaw)	
<input type="checkbox"/> Accutane	How long have you been on this? _____	1 _____	
<input type="checkbox"/> Renova % _____	How long have you been on this? _____	2 _____	
<input type="checkbox"/> Retinol/Retin A/Tretinoin % _____	How long have you been on this? _____	3 _____	
<input type="checkbox"/> Hormone Replacement Therapy	How long have you been on this? _____	4 _____	
<input type="checkbox"/> Blood thinners (Asprin, Coumadin)	How long have you been on this? _____	Do you have a history of any of the following:	
		<input type="checkbox"/> Skin Cancer	
		<input type="checkbox"/> Cold Sores	
		<input type="checkbox"/> Keloid Scarring	
		Are you currently pregnant or breastfeeding?	
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	
Do you have allergies or sensitivities to any of the following?		Do you wear sunscreen daily?	
<input type="checkbox"/> Asprin		<input type="checkbox"/> Yes Which Brand? _____	
<input type="checkbox"/> Ascorbic Acid/Vitamin C		<input type="checkbox"/> No	
<input type="checkbox"/> Alphahydroxy Acids (Salicylic Acid)		Do you use a tanning bed?	
<input type="checkbox"/> Betahydroxy Acids (Glycolic acid, Malic acid, Mandelic acid)		<input type="checkbox"/> Yes How often? _____	
		<input type="checkbox"/> No	
Do you currently smoke?		How often do you consume alcohol? (circle one)	
<input type="checkbox"/> Yes How often? _____		Daily / Weekly / Rarely / Never	
<input type="checkbox"/> No			
What is your current occupation?		How would you rate your current stress level? (Circle one)	
_____		Low / Moderate / Severe	
What is your daily activity level?			
<input type="checkbox"/> Limited - some walking/mostly sitting		<input type="checkbox"/> Moderately Active - Moderate exercise 3-5 days/week	
<input type="checkbox"/> Moderate - Walking, moving more		<input type="checkbox"/> Very Active - Heavy exercise 6-7 days/week	
<input type="checkbox"/> Sedentary - Little or no exercise/desk job		<input type="checkbox"/> Extremely - VERY heavy exercise/physical job/Training 2x/day	
<input type="checkbox"/> Lightly Active - Light exercise 1-3 days/week			
How often do you exercise outdoors?		How many hours are you outdoors daily?	
<input type="checkbox"/> Daily <input type="checkbox"/> Rarely		<input type="checkbox"/> 0-2 hrs <input type="checkbox"/> 4-8 hrs	
<input type="checkbox"/> 2-4 X/Week <input type="checkbox"/> Never		<input type="checkbox"/> 2-4 hrs <input type="checkbox"/> 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: _____
- Toner Name/Brand _____ Length of time using: _____
- Ascorbic Acid/Vitamin C Name/Brand _____ Length of time using: _____ % _____
- Hyaluronic Acid Name/Brand _____ Length of time using: _____
- Other serum Name/Brand _____ 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, Dermalma, etc 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

- Very Fine Lines (visible lines during facial expression only)
- Uneven skin tone (some mild redness or pigmentation)
- Some mild textural inconsistencies
- Mild, inconsistent imbalance in skin hydration/dryness.

Age Restoration - Moderate - Advanced signs of aging

- Lines/wrinkles that stay when expression has ceased
- laxity or sagging in the skin
- textural inconsistencies (skin feels rough to the touch)
- unevenness of skin tone (age/sun spots, redness)
- Vascular lesions (small spider veins)
- Consistent imbalance in skin hydration/dryness

Discoloration/Hyperpigmentation

- Mild to moderate excess pigmentation across the nose, forehead and upper cheeks caused mostly from sun
- Mild to moderate redness of the skin that appears following a breakout or injury to the skin
- Moderate hyperpigmentation that occurs on all areas of the face in different depths of color, both red and brown
- MELASMA - severe hyperpigmentation that appears in patches in different areas of the face, with or without additional pigmentation from sun damage.

Rosacea/Vascular redness

- Cheeks are more pink in color than the rest of the face
- Consistent redness on the nose/cheeks and/or forehead and coverup is needed to even skin tone.
- Red papules or textural inconsistencies (bumps) on the skin
- Vascular areas on the face/neck/chest (spider veins)

We can create a regimen that allows you to spend more time on your skincare routine when it's best for you. What time of day are you able to spend a few more min. on your skincare?

- AM PM

Acne - /Breakouts

- Breakouts that are NOT inflamed
- Breakouts are inconsistent in occurrence
- Breakouts cover less than 25% of the face
- Blackheads on nose, cheeks and/or forehead
- Breakouts with mild inflammation in some areas
- Textural congestion (thick/hard bumps that don't seem to go away)
- Some infrequent nodular/cystic acne
- Breakouts on the skin are consistent
- Inflamed breakouts cover between 25%-50% of the face
- Severe congestion and/or textural bumps
- At least 50% of breakouts are inflamed at any given time
- Some scarring is present due to breakouts (pitted, rough, red/brown)
- Breakouts cover no more than 75% of the face
- Nodular/cystic breakouts that are consistent and painful
- breakouts are severe causing pain throughout the day and night
- All areas of the face are affected by inflamed breakouts
- moderate to severe scarring is present
- severe textural inconsistencies
- Hard and soft breakouts that don't seem to go away
- Breakouts that occur along lower face/jawline and are consistent with a menstrual cycle (hormonal breakouts)

Health & Condition of your skin - check all that apply:

- Oily
- normal to oily
- normal
- normal to dry
- dry
- Skin typically heals quickly without residual damage to the skin
- skin feels dry within hours of using moisturizers
- skin reacts sensitively with even slight changes in product use
- skin reddens easily
- Texture is rough and uneven in places

