Name________________________________ **Today's Date**____________ **DOB**_____________

Gender: Female / Male

Address: ____ **City**: _________________

State: ____________ **Zip code**: _________________

E-mail Address: ____

Phone: House: ___________________________ **Cell**: __________________________

Occupation: ____

Medical History

Have you ever had (please check all that apply):

- ___ Autoimmune Disease
- ___ Metal Implants
- ___ Easy bleeding or bruising
- ___ Heart Disease
- ___ Herpes
- ___ Hepatitis
- ___ Hypertension
- ___ Pacemaker or Defibrillator
- ___ Diabetes
- ___ Bleeding disorder
- ___ Abnormal wound healing
- ___ Heart Attack or chest pains
- ___ Current or recent Pregnancy
- ___ Endocrine or Hormonal disorder

List any active medical problems/ conditions:

____.

List any surgeries and the year:

____.

List of any medications you currently take:

____.

List of any known allergies:

____

Height: ____________ Weight: ___________

What bothers you about your skin? * please circle

Rough texture	Acne	Under eye circles	Brown Spots
Uneven skin tone	Acne Scarring	Facial Hair	Fine lines/wrinkles
Body Hair	Spider Veins	Loose skin	Cellulite
Skin tags	Redness on Face	Under eye bags	

What areas are you interested in having treated?

____.

Dermatologic History * please circle

Skin Cancer	Tetracycline for acne	Photosensitivity	Accutane for acne
Fever Blisters	Chronic skin conditions	Keloids	Rosacea
Dermal Fillers	Pigmentation disorder	Laser Hair Removal	Botox/neurotoxins
Recent sun exposer	Recent tanning bed use	Laser skin resurfacing	

What is your heritage background? ________________________________

Do you use tobacco products (cigarettes, vapes, etc.) YES NO

Do you use sunscreen on a daily basis? YES NO

Do you use sunless tanning products? YES NO

List what skin care products you use? ____________________________

____.

Referral Source

How did you hear about Robbins Plastic Surgery? ____________________.

Emergency Contact

NAME: ______________________ Relationship: ______________

Emergency Contact Phone Number: ______________

Signature: ______________________________ **Date:** ____________