

Dermatology Center of Williamsburg
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Microdermabrasion Patient Consultation and History

Date: _____

Patient Name: _____ DOB: _____

Address: _____

Phone: _____ Email: _____

Have you ever seen a dermatologist for your skin?	Yes	No
Are you pregnant or lactating?	Yes	No
Have you used Accutane?	Yes	No
		If so, when? _____
What topical medications have you used or do you currently use?		
Retin A	Glycolic	Lactic Acid
		None
What oral medications have you used or do you currently use?		
Antibiotics	Hormones or Birth Control	Diuretics
		Others
Have you had any skin acid peels?	Yes	No
Have you ever had laser surgery or dermabrasion?	Yes	No
Have you ever had a microdermabrasion treatment?	Yes	No
What type of skin care products are you using now?	_____	
Have you ever had Botox/Collagen fillers?	Yes	No
		If so, when? _____

HYPERSENSITIVITY & FRAGILITY

What are you allergic to? _____

Have you ever had a skin allergy?	Yes	No
Do you have known drug allergies?	Yes	No

FREE RADICAL EXPOSURE

Do you smoke?	Yes	No
Do you consume alcohol?	Yes	No
Do you exercise?	Yes	No
Do you take blood thinners?	Yes	No
Do you take vitamins?	Yes	No
How much water do you consume daily?	_____	
Do you take laxatives or diuretics?	Yes	No

HORMONES

Are you going through menopause?	Yes	No
During pregnancy, did you get hyperpigmentation/masking?	Yes	No

SUN HISTORY & LIFESTYLE

What percentage of time do you spend in the sun?	Summer	Winter
Do you use sunblock?	Yes	No
Do you go to a tanning salon?	Yes	No
Do you now or at any time in the past get cold sores or herpes?	Yes	No

Have you or any member of your family had skin cancer? Yes No

SKIN TYPE

Does your skin ever flake or feel tight and dry?	Frequently	Occasionally	Rarely
Is your skin ever shiny a few hours after cleansing?	Frequently	Occasionally	Rarely
How often do you experience blackheads or blemishes?	Frequently	Occasionally	Rarely
How noticeable are your pores?	Very	Not Very	

FITZPATRICK CLASSIFICATION SYSTEM (Check one skin type below which best suits)

<u>Skin Type</u>	<u>Skin Color</u>	<u>Characteristics</u>
I	White	Always burns, never tans
II	White	Usually burns, never tans
III	White	Sometimes mild burn, tans about average
IV	White	Rarely burns, tans more than average
V	Brown	Rarely burns, tans perfectly
VI	Black	Never burns, deeply pigmented

PIGMENTATION

Is your pigmentation: Even Uneven Birthmark Pregnancy Mask

VASCULARITY

Broken Capillaries: None Cheeks Chin Forehead Entire Face
Do you blush easily? Yes No

ACNE

Do you have any history of some or periodic breakouts? Yes No
Rosacea? Yes No

ABILITY TO HEAL

Does your skin appear fragile? Yes No
Do your form thick or raised scars? Yes No
Do you have any health problems? _____
Are you a diabetic? Yes No
Do you wax or use depilatories? Yes No

PATIENT OBJECTIVE

What specific areas do you want treated? Face ___ Neck ___ Chest ___ Back ___ Hands ___ Forearms ___ Other
