ABI Dermaceuticals Consultation Form

Today's Date: _____

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Family Physician/Dermatologist:_____

Reason for Today's Visit: _____

Please answer the following questions so that we can better care for your skin and skin conditions.

What skin care products are you currently using? _____

_____

_____

Have you ever had a facial before? If yes, please provide date of most recent: _____

Do you have any skin concerns or conditions? If yes, please specify. _____

_____

Do you use Retin-A, AHA or retinol products? If yes, which ones: _____

Have you ever had a chemical peel, laser resurfacing or microdermabrasion? If yes, please provide date and type of procedure: _____

Have you recently had any skin care injections such as collagen or Botox? If yes, when and what type?

_____

Do you currently use acne medications or have you in the past 6 months? _____

Do you have any known skin allergies? If yes, please describe: _____

Does your skin scar easily? _____ Does your skin pigment or get brown spots easily? _____

Have you used any topical medications in the past 6 months? If so, please describe. _____

_____

Do you currently take any oral medications, including birth control or hormones? If yes, please provide the names of the medication(s). _____

Have you had any surgeries in the past 6 months? If yes, when and what for: _____

Are you pregnant, breast feeding or had a bay within the last 6 months? _____

Do you have a history of herpes? If yes, when was your last outbreak: _____

Is there any additional information that you would like to share that may be beneficial in treating you today? _____