Edward H. Farrior, M.D., F.A.C.S.
Facial Plastic Surgery

Skin History

Name:_____ Age:_____ Date:_____

Skin characteristics:

Ethnicity: Caucasian_____ African American_____ Hispanic_____
Asian_____ Mediterranean_____ Other_____

Please answer the following questions as accurately as possible.

Have you taken the prescription Accutane (Isotretinoin)? Yes_____ No_____
Have you used any self-tanning products in the last two weeks? Yes_____ No_____
Have you had any prolonged sun exposure in the past 4 weeks? Yes_____ No_____
Do you ever suffer from cold sores, or outbreaks of oral herpes? Yes_____ No_____
Do you have any abnormal sensitivity to light or sun exposure? Yes_____ No_____
Have/do you use tanning beds? Yes_____ No_____
Do you tan easily? Yes_____ No_____
Do you have a history of skin cancer? Yes_____ No_____
If so, type and location:_____
Are you pregnant or breast feeding? _____
During pregnancy or while using birth control pills, did you develop "masking" or hyper-pigmentation?
If yes, where? _____

Please check all that apply now, and previously, to your skin.

_____ Oily	_____ Acne	_____ Blackheads
_____ Normal	_____ Scarring	_____ Whiteheads
_____ Dry	_____ Pigmentation Problems	_____ Pimples
_____ Combination	_____ Enlarged Pores	_____ Wrinkles
_____ Sensitive	_____ Broken Capillaries	_____ Hair Removal
_____ Sun Damage	_____ Rosacea	

List skin products you are currently using including Retin-A and sunscreens:

Product:	Length of time using:	Percentage/SPF:

What specific areas do you want to treat? FACE NECK CHEST HANDS Other: _____

How do you want to improve or change your skin? _____
_____

Patient Signature:_____ Date:_____

OFFICE USE ONLY:

Fitzpatrick Skin Type: I II III IV V VI

Glogan's Photoaging: Minimal Mild Moderate Advanced Severe

Treatment area inspected for the presence of suspicious lesions?_____ ARNP/Esthetician Reviewed:_____