

LUCIA S. OLARTE, MD

COSMETIC CONSULTATION

Name		Date	
Allergies		DOB	Age

Smoking history (please circle): Never Ex-smoker Light smoker Heavy smoker

Sun exposure (please circle): Tanning bed/lamp/cream Never use sunscreen Occasionally use sun screen Always use sun screen

WHAT ARE YOU INTERESTED IN?		
SKIN CARE/TEXTURE	VOLUME	SURGICAL
Fine lines/wrinkles	Skin laxity	Eyelid
Preventative skin care	Midface volume loss	Forehead/brow
Chemical peels	Nasolabial folds	Cheek
Laser resurfacing	Jowls	Nasolabial/Jowl
Skin tightening (non surgical)	Neck contour	Neck
Pigment	Other:	Nose
Vessels		Other:
Scar		
Other:		

HAVE YOU HAD ANY OF THE FOLLOWING? IF SO, PLEASE INCLUDE DATES OF TREATMENT.	DATES
Skin care procedure (chemical peels, facials etc)	
Skin resurfacing treatment (lasers, microderm abrasion, microneedling etc)	
Skin tightening procedure (Ultherapy, Thermage etc)	
Neurotoxin (ie: Botox, Xeomin, Dysport)	
Filler (ie: Belotero, Radiesse, Juvederm, Voluma etc)	
Surgical upper face lift (blepharoplasty, brow lift)	
Surgical lower face/neck lift (midface lift, lower face lift, neck lift)	
Surgical implants (cheek, chin)	

MEDICAL HISTORY (PLEASE CIRCLE AND SPECIFY):			
Currently pregnant/lactating	<input type="checkbox"/> YES <input type="checkbox"/> NO	Migraines	<input type="checkbox"/> YES <input type="checkbox"/> NO
Diabetes	<input type="checkbox"/> YES <input type="checkbox"/> NO	Light induced seizures or Epilepsy	<input type="checkbox"/> YES <input type="checkbox"/> NO
Autoimmune disorders	<input type="checkbox"/> YES <input type="checkbox"/> NO	Bell's palsy	<input type="checkbox"/> YES <input type="checkbox"/> NO
Immunosuppression	<input type="checkbox"/> YES <input type="checkbox"/> NO	Cancer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Blood/bleeding disorders	<input type="checkbox"/> YES <input type="checkbox"/> NO	Bacterial/Viral Infections	<input type="checkbox"/> YES <input type="checkbox"/> NO
Wound healing disorder	<input type="checkbox"/> YES <input type="checkbox"/> NO	Keloid scarring or hypertrophic scar formation	<input type="checkbox"/> YES <input type="checkbox"/> NO
Open sores/lesions	<input type="checkbox"/> YES <input type="checkbox"/> NO	Skin photosensitivity disorder	<input type="checkbox"/> YES <input type="checkbox"/> NO
History of radiation therapy	<input type="checkbox"/> YES <input type="checkbox"/> NO	Acne	<input type="checkbox"/> YES <input type="checkbox"/> NO
Skin disorder (vitiligo, melasma, psoriasis, eczema, dermatitis)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Collagen disorder (scleroderma, skin cancer, Ehlers-Danlos syndrome)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Herpes I or II	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Are you under the care of a physician? If so, for what reason:

MEDICATIONS

ARE YOU CURRENTLY TAKING ANY OF THE FOLLOWING (PLEASE INCLUDE NAME)?

Anticoagulants or antiplatelet drugs <input type="checkbox"/> YES <input type="checkbox"/> NO	Immunosuppressant drugs <input type="checkbox"/> YES <input type="checkbox"/> NO	Accutane in last 12 months <input type="checkbox"/> YES <input type="checkbox"/> NO
Prednisone/dexamethasone <input type="checkbox"/> YES <input type="checkbox"/> NO	Photosensitizing antibiotics <input type="checkbox"/> YES <input type="checkbox"/> NO	Vitamins, herbal supplements <input type="checkbox"/> YES <input type="checkbox"/> NO
Tretinoin (Retin-A, Renova) in 6 months <input type="checkbox"/> YES <input type="checkbox"/> NO		

IN THE LAST THREE (3) MONTHS, HAVE YOU USED ANY OF THE FOLLOWING PRODUCTS?

Glycolic Acid <input type="checkbox"/> YES <input type="checkbox"/> NO	Other Alphahydroxy Acid <input type="checkbox"/> YES <input type="checkbox"/> NO	Betahydroxyacid <input type="checkbox"/> YES <input type="checkbox"/> NO

PLEASE LIST MEDICATIONS ARE YOU CURRENTLY TAKING:

MEDICATION	DOSE & FREQUENCY	DISEASE/REASON

HOW MUCH ARE YOU PLANNING ON SPENDING?

<input type="checkbox"/> < \$1,000	<input type="checkbox"/> \$1-5,000	<input type="checkbox"/> \$5-10,000	<input type="checkbox"/> > \$10,000
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