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BOARD CERTIFIED FACIAL PLASTIC SURGEON



Aesthetic Surgery & Skin Rejuvenation

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## Patient Skin Health Profile

### Skin Type | Condition | Issues | Habits | Goals

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

What are the changes you'd most like to see in your skin?

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1.

2.

3.

Are you female or male? F M

Are you pregnant or lactating? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you wear contact lenses? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have permanent makeup? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what areas of the face? \_\_\_\_\_

Do you currently use or receive dipilatories or waxing? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you in the habit of going to tanning booths? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently applying any topical medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, which ones? \_\_\_\_\_

Are you currently using any topical Retinoid prescriptions?

(tretinoin/Retin-/isotretinoin/Accutane/Renova/Differin/Tazorac/Avage/EpiDuo/Ziana)

Yes \_\_\_\_\_ No \_\_\_\_\_ What strength? \_\_\_\_\_ For how long? \_\_\_\_\_

Have you ever had a chemical peel? Yes \_\_\_\_\_ No \_\_\_\_\_