



The Medical Spa at Carolina Plastic Surgery
Skin Evaluation Form

Name _____ Date _____
Address _____
Phone number best to reach you _____
E-mail address _____
Date of Birth _____ Emergency Contact _____

Please answer the following:

Your skin type is: Dry Normal/Combination Oily Acne Pron e Sensitive Rosacea Prone

Do you have a history of any of the following: Skin Disease Cold Sores/Herpes on the face Skin Allergies Eczema Other

List all Allergies: Food, Latex, Medications ect...

Please list all Medications you take regularly or occasionally, including herbal supplements and vitamins: _____

Please list any medical conditions: _____

Have you ever used an Alpha Hydroxy Acid or Salicylic Acid product? Yes No

Do you use?: Retin-A Yes No if so, how often and what percentage _____

Have you ever been on Accutane?: Yes No If yes, when? _____

Have you ever used or are currently using the Obagi Nu-Derm System? Yes No If so when did you start? _____

Any facial waxing or tweezing in the last month? Yes No

In the sun do you burn easily? Yes No Do you have a history of Keloid scarring? Yes No

Have you ever had a facial? Yes No if yes, when was your last facial?

Have you ever had a Chemical Peel? Yes No if yes, when and what type of peel?

Have you ever had a Microdermabrasion treatment? Yes No if yes, when was your last treatment? _____

Do you use sunscreen? Yes No If yes, what kind and Sun Protection Factor? Is it applied daily? _____

Are you pregnant or attempting to become Pregnant? Yes No

Reason for visit?

Please Check any procedure you are interested in: Acne Treatment Chemical Peels
Microdermabrasion Rejuvaper Skincare Products Nu-Derm System Pearl Fractional Pearl
Skin Resurfacing IPL Hair Removal Tattoo Removal Facial Vessels Facial Redness Age
Spots/Sun Damage Fine lines and wrinkles Makeup Latisse Botox/Dysport Juvederm &
Restylane Surgery

Please list your current home regime with your skincare and
makeup: _____

Esthetician

Notes: _____

Friend/Family of: _____ Hospital Discount: _____ Patient
Discount: _____ Surgery Patient: _____

Plan and
Suggestions: _____

Phone
Log: _____

