

Dermatology Associates of Wisconsin, S.C.

Date: _____
 Patient Name: _____
 MR #: _____

Please answer the following the questions so that we may determine how to treat you appropriately. We will ask you to review and update this form periodically. Thank you!

Cosmetic Procedure Screening and Pre-Procedure Information

Contraindications to most Cosmetic Procedures:

	Yes	No	Comments
Pregnancy, planning a pregnancy or breastfeeding?			
History of lumpy or keloid scars?			
Active inflammatory or infectious skin disease, such as psoriasis, eczema, vitiligo, or viral, bacterial, or fungal infections?			
History of connective tissue or photosensitizing disease such as lupus, scleroderma, dermatomyositis, porphyria?			
History of surgery or radiation at the site(s) to be treated?			
Use of Accutane or Soriatane within the past 12 months?			
Allergy or sensitivity to ingredients in products injected or applied?			

For Botox

History of neuromuscular disease such as muscular dystrophy, myasthenia, multiple sclerosis, Eaton Lambert, peripheral neuropathy?			
Sensitivity to albumin?			
Medications: aminoglycosides, calcium channel blockers, cholinesterase inhibitors, curare-like depolarizers, liconsamides, magnesium sulfate, polymixins, quinidine, succinylcholine			

Additional Considerations to Discuss with your Doctor:

History of herpes simplex, or bacterial, fungal, yeast infections?			
History of HIV or hepatitis?			
History of easy bruising, or medicines that thin the blood, such as aspirin, Coumadin, NSAIDS, Plavix, Vitamin E, Garlic?			
History of valve or joint replacement or pacemaker?			
History of blood clots?			
History of darkening/lightening of skin after injury or past treatments?			
Use of topical retinoids such as Differin, Retin A, Renova, Tazorac, tretinoin?			
Any history of gold ingestion?			
Use of topical bleaching agents such as arbutin, hydroquinone, kojic acid?			
Permanent make-up or tattoos near the site?			
History of Botox, facial fillers, microderm, peels, sclerotherapy or vein stripping?			
Hair removal method other than shaving such as depilatories, plucking, waxing, electrolysis?			
Do you use tobacco? (This can result in delayed wound healing and suboptimal results)			
Do you drink alcohol?			

Preparation for Your Cosmetic Procedure:

Clean the treatment area with mild soap and water prior to treatment.
 Wear NO moisturizer, skin creams, make-up or sunscreen prior to procedure.
 You may be asked to remove your glasses, contacts, and jewelry prior to treatment.
 For hair removal, shave the treatment area the day before your procedure.
 For leg vein treatment, bring compression stockings and a pair of shorts to your appointment
 You may be asked to use specific procedures or products to properly prepare your skin for the procedure and to take care of it afterwards; discuss with your doctor.

Patient Signature: _____

Date	Date	Date	Date

Provider/Physician Signature: _____

Date	Date	Date	Date