



montanacenter

for facial plastic surgery

enjoy natural-looking results from a gifted surgeon

2975 Stockyard Road · Missoula, MT 59808 · 406-541-7546

**Confidential Health Questionnaire**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Referring Practitioner: \_\_\_\_\_

Medical & Surgical History:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications and Dosages:**

(include over the counter medications, herbs & vitamins)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medication Allergies:**

(list reactions)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Review of Systems:**

**Please Explain:**

<b>Skin:</b> actinic keratosis, skin cancers, melanoma, rashes, eczema, rosacea, light sensitivity, form thick scars, other	
<b>Eyes:</b> cataract, dry eyes, excessive skin blocking vision, ptosis, other	
<b>Ear Nose &amp; Throat:</b> sinus problems, nasal fracture, deviated septum, other	
<b>Cardiovascular:</b> heart problems, chest pain, pacemaker/defibrillator, irregular heart beat, high blood pressure, other	
<b>Respiratory:</b> asthma, shortness of breath, other	
<b>GI/GU:</b> vomiting, diarrhea, reflux, urinary problems, other	
<b>Musculoskeletal:</b> aches, joint pain, arthritis, other	
<b>Neurological:</b> headaches, seizures, strokes, other	
<b>Blood disorders:</b> anemia, bleeding problems, other	
<b>Psychiatric:</b> depression, anxiety, mania, other	
<b>Counselor's name:</b> _____	
<b>History of:</b> smoking, cold sores/herpes, significant weight loss, HIV, Hepatitis	
<b>Other:</b> Metal implants, tattoos, permanent make-up, other	
<b>Pregnant or Breastfeeding</b>	



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**Skin History**

What skin conditions are you concerned with? (check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> oily skin                      | <input type="checkbox"/> acne                             | <input type="checkbox"/> acne scars                         |
| <input type="checkbox"/> rough texture                  | <input type="checkbox"/> large pores                      | <input type="checkbox"/> uneven skin tone                   |
| <input type="checkbox"/> dark spots (hyperpigmentation) | <input type="checkbox"/> dry skin (lacking oil)           | <input type="checkbox"/> dehydrated skin (lacking moisture) |
| <input type="checkbox"/> fine lines and wrinkles        | <input type="checkbox"/> flaking sensitivity              | <input type="checkbox"/> burning                            |
| <input type="checkbox"/> redness                        | <input type="checkbox"/> capillaries/telangetasia/rosacea | <input type="checkbox"/> eczema                             |
| <input type="checkbox"/> psoriasis                      | <input type="checkbox"/> thick skin                       | <input type="checkbox"/> thin skin                          |
| <input type="checkbox"/> tightness                      | <input type="checkbox"/> other _____                      |   |

What skin care products are you currently using?

Cleanser: \_\_\_\_\_ Exfoliator: \_\_\_\_\_  
 Toner: \_\_\_\_\_ Eye cream: \_\_\_\_\_  
 Moisturizer: \_\_\_\_\_ Other: \_\_\_\_\_

Have you ever had a chemical peel? Yes / No

If yes, please list type of peel and any reactions you experienced:

\_\_\_\_\_

\_\_\_\_\_

Have you ever seen an aesthetician for other skin treatments, including waxing?  
(please list treatments and dates)

<u>Treatment</u>	<u>Date</u>
_____	_____
_____	_____
_____	_____

Do you sunburn easily? Yes / No

Do you wear sunscreen regularly? Yes / No

What are three changes you would like to see happen with your skin?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Any other questions or concerns?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_