



479 Jumpers Hole Road
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Severna Park, MD 21146

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Suite 401
Annapolis, MD 21401

COSMETIC INTAKE QUESTIONNAIRE

Would you like to be on our email list for once a month notice of our Exclusive Specials: Yes No

How did you hear about us? Friend Google Search Social Media Physician Referral Other: _____

Health History

- Dermatitis Eczema Psoriasis Keloid Scarring
 Metal plates or devices Eating Disorder Pregnant/Breastfeeding
 Headaches/TMJ Recent Dental work? Regularly take: Aspirin, Motrin, vitamin supplements, Steroids

Please select any services you'd like to learn more about from below

- Facial Fillers Botox/Xeomin/Jeuveau Laser Hair Removal Laser Skin Resurfacing
 Body Contouring Microneedling Microdermabrasion Hydrogen Facials
 Waxing Skin Care Products Spider Vein Removal
 Rhinoplasty Face Lift Blepharoplasty or Eyelid Surgery

Please select any concerns you'd like to address from below

- Dryness Facial Aging Sun Spots Rosacea Sensitive Skin
 Melasma Skin Texture Enlarged Pores Acne Oily Skin
 Wrinkles Sagging Skin Facial Scarring Other: _____

Please select any of the following treatments you have had in the past:

- Laser hair removal Laser vein CO2 Fraxel Facials
 Chemical Peels Botox/Fillers Facial Surgery

Please describe any negative reactions to previous treatments or products:

Have you used any of the following products in the past or are actively using them?

- Retinol or Vitamin A products
 Accutane in the last 6 months?
 Tretinoin or Retin-A
 Oral birth control or other hormonal supplements

Do you use Sunscreen? YES NO Describe your skin's reaction to sun exposure: _____

What skin care products are you using currently? _____

Do you have allergies to any of the following? Aspirin Milk Apples Citrus Fish Latex