**Facial Rejuvenation Intake Form**

Saratoga Springs Plastic Surgery, PC

**BASIC INFORMATION**

Full Name_____ Patient Number:_____

D.O.B._____ Age_____ Gender_____

Do you currently have or have you been treated for:

❒Acne ❒Depression ❒Cancer

❒Cold Sores ❒Diabetes ❒High Blood Pressure

❒Depression ❒Skin Disease ❒Rosacea (redness)

Have you used any of the following within the past 72 hours?

❒Retin-A ❒Benzoyl Peroxide ❒Facial Waxing ❒OTC Acne Treatments

❒Retinol ❒Chemical Peel ❒Laser Treatment in the past 4 weeks?

Have you used Accutane within the past year? ❒ Y ❒N

Are you pregnant or nursing? ❒ Y ❒N

Please list previous face injections (what product and when given for both Botox/toxin and filler(s):

_____

_____

Please list any recent resurfacing procedures (including microdermabrasion) or surgeries (including cosmetic):

_____

_____

How much water do you drink daily?_____ When was your last sunburn?_____

When in the sun, do you burn ❒Always ❒Usually ❒Sometimes

❒Rarely ❒Very Rarely ❒Never

Describe your skin type? ❒Normal ❒Sensitive ❒Dry/Dehydrated ❒Not sure

❒Oily ❒Rosacea ❒Acne/Acne Prone

Which skin conditions are you most concerned about?

❒Dullness ❒Oiliness ❒Acne ❒Acne Scarring ❒Redness

❒Dry/Rough ❒Other

What are you specifically worried about today?

_____

_____

What is your current skin care routine? Please list product names and regimen

_____

What do you like about your skin?_____

What don't you like about your skin?_____

Patient Signature_____ Date_____