

Aesthetic Skin Care of NJ

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Date _____

Name: Last _____ First _____

Address: Street _____

City _____ State _____ Zip _____

Sex: Male Female Marital Status _____ Birth Date _____

Driver's License Number: _____

Phone: Home _____ Work _____ Cell _____

Email _____

How did you hear about us? _____

Primary Care Physician _____ Phone _____

Physician Address _____

Emergency Contact _____ Phone _____

Today's visit is regarding: (check all that apply)

Skin Consult

Botox

Juvederm

Kybella

Voluma

Volbella

HydraFacial and/or IPL

Micropigmentation/Tattooing

Brows

Scalp

Eyeliner

Skin Camouflage

3D Nipple/Areola Tattooing

Lips/Lip Liner

Eyelash Enhancement

Scar Revision

When did you have your last skin treatment? _____

Where did you have your last treatment?

Medical Spa

Doctor's Office

Other

Hair Salon

Spa

Did you have any skin sensitivity or reaction to the treatment? If so, what? _____

Have you ever had: (check all that apply)

- Permanent Cosmetics/Tattooing
- Microdermabrasion
- Chemical/Acid Peel
- HydraFacial
- Dermalplaning
- Skin Bleaching
- Laser/IPL
- Laser Hair Removal
- Botox/Dysport
- Facial Fillers

Are you interested in: (check all that apply)

- Permanent Cosmetics/Tattooing
- Microdermabrasion
- Chemical/Acid Peel
- Hydrofacial
- Dermalplaning
- Skin Bleaching
- Laser/IPL
- Laser Hair Removal
- Botox/Dysport
- Facial Fillers

Have you had any operations, including minor surgery or cosmetic surgery? _____

Have you had any reactions to anesthesia? If so, what? _____

Do you have any allergies to food or medications? If so, what? _____

Please list any medications you are currently on:

Have you ever had or do you currently have: (check all that apply)

- Asthma
- High Blood Pressure
- Hepatitis
- Blood clot
- Heart Disease
- Eye Problems
- Cold Sores/Fever Blisters
- Cancer

Do you bleed or bruise easily? _____

Have you used accutane? _____

For women:

Are you pregnant or nursing? ___ yes ___ no

Are you trying to get pregnant? ___ yes ___ no

Are you on hormone therapy? ___ yes ___ no

Is there any additional information that you may want to add that we may not have asked you previously?

I certify that I have read and understand the above information to the best of my knowledge; the above questions have been accurately answered. I understand that providing incorrect information can be dangerous to my health.

_____ Signature

Date