Skin Iowa, PC/ ZO Skin Health Institute by Zein Obagi, M.D.

Health History

Patient Name: _____Today's Date: _____

Drug/Environmental Allergies:

_____

_____

Have you ever been allergy tested? ____**Yes** ____ **No**

Are you interested in being allergy tested? ____**Yes** ____**No**

Current Medications and Dosage:

_____

_____

Why are we seeing you today?

_____

How did you hear about us?

___Google ___Friend ___Family member

___ T.V. ___ Internet Other_____

Please answer the following questions to the best of your ability:

Do you drink alcohol? ___ Yes ___ No _____ How often?

Do you or have you ever used tobacco? ___ Yes ___ No _____ How often?

Have you had any of the following skin conditions:

_____None

____Acne
____Actinic Keratoses
____Asthma
____Basal Cell Skin Cancer
____Blistering Sunburns
____Dry Skin
____Eczema
____Cold Sores/Herpes
____Flaking or Itchy Scalp
____Hay Fever/Allergies
____Melanoma
____Poison Ivy
____Precancerous Moles
____Psoriasis
____Rosacea

Other: _____

Select any of the following medical conditions that you currently have:

____None
____Anxiety
____Arthritis
____Asthma
____Atrial Fibrillation (Irregular Heartbeat)
____Bone Marrow Transplantation
____BPH
____Breast Cancer
____Colon Cancer
____COPD
____Coronary Artery Disease
____Depression
____Diabetes
____End Stage Renal Disease
____Hypertension
____Hearing Loss
____Hepatitis
____HIV/AIDS
____Hypercholesterolemia
____Hyperthyroidism
____Hypothyroidism
____Leukemia
____Lung Cancer
____Lymphoma
____Prostate Cancer
____Radiation Treatment
____Seizures
____Stroke
____GERD
Other: _____

History

Do you have a family history of melanoma? ____Yes ____No

Past Surgeries:
_____
_____

Are you interested in any of the following procedures?

_____ Cosmetic Procedures
(Breast Augmentation, Liposuction, Tummy Tuck)
_____ Injectables
(Botox, Dysport, Xeomin)
_____Pulsed Dye Laser
(Red Lesions, Veins)
_____ Kybella
(Destroys Fat Cells Under the Chin)
_____ Permanent Make-Up
_____ Laser Hair Removal
_____ Microneedling/PRP Injections
_____ Microdermabrasion
_____ Fillers
(Juvederm, Sculptra, Radiesse, Restylane)
_____ Leg Veins
(Sclerotherpy)
_____ ZO Skin Health
(Anti-Aging, Skin Discoloration)
_____ Fractional CO2 Laser
(Skin Tightening/Rejuvenation)
_____ Dermaplane
_____ Tattoo Removal
_____ Aquagold
_____ Facial Peels

Patient Signature _____ **Date:** _____