RIVERS MEDICAL A

PATIENT HEALTH & AESTHETIC ASSESSMENT FORM

First Name	Middle Initial	Last Name	Date of Birth
			/ /

Email Address	Phone Number	How did you hear about us?

Please list any allergies and your reaction(s):

Allergy	Describe Reaction	Allergy	Describe Reaction
Allergy	Describe Reaction	Allergy	Describe Reaction

Do you currently take/use any of the following?

☐ Appetite Suppresant	How long have you been on this?	_____
☐ Hydrocortisone %_____	How long have you been on this?	_____
☐ Stimulants/Meds for ADHD	How long have you been on this?	_____
☐ Oral Antibiotics	How long have you been on this?	_____
☐ Accutane	How long have you been on this?	_____
☐ Renova %_____	How long have you been on this?	_____
☐ Retinol/Retin A/Tretinoin %_____	How long have you been on this?	_____
☐ Hormone Replacement Therapy	How long have you been on this?	_____
☐ Blood thinners (Asprin, Coumadin)	How long have you been on this?	_____

Are you currently being treated for any of the following?

- ☐ Diabetes
- ☐ Auto Immune
- ☐ Cancer

Please list any metal implants you have below: (please include pacemakers, cochlear implants, metal fillings or wires in the mouth/jaw)

1
2
3
4

Do you have a history of any of the following:

- ☐ Skin Cancer
- ☐ Cold Sores
- ☐ Keloid Scarring

Are you currenlty pregnant or breastfeeding?

- ☐ Yes
- ☐ No

Do you have allergies or sensitivities to any of the following?

- ☐ Asprin
- ☐ Ascorbic AcidVitamin C
- ☐ Alphahydroxy Acids (Salicylic Acid)
- ☐ Betahydroxy Acids (Glycolic acid, Malic acid, Mandelic acid)

Do you wear sunscreen daily?

- ☐ Yes Which Brand? _____
- ☐ No

Do you use a tanning bed?

- ☐ Yes How often? _____
- ☐ No

Do you currently smoke?

- ☐ Yes How often? _____
- ☐ No

How often do you consume alcohol? (circle one)

Daily / Weekly / Rarely / Never

What is your current occupation?

_____

How would you rate your current stress level? (Circle one)

Low / Moderate / Severe

What is your daily activity level?

- ☐ **Limited** - some walking/mostly sitting
- ☐ **Moderate** - Walking, moving more
- ☐ **Sedentary** - Little or no exercise/desk job
- ☐ **Lightly Active** - Light exercise 1-3 days/week
- ☐ **Moderately Active** - Moderate exercise 3-5 days/week
- ☐ **Very Active** - Heavy exercise 6-7 days/week
- ☐ **Extremely** - VERY heary exercise/physical job/Training 2x/day

How often do you exercise outdoors?

- ☐ Daily
- ☐ 2-4 X/Week
- ☐ Rarely
- ☐ Never

How many hours are you outdoors daily?

- ☐ 0-2 hrs
- ☐ 2-4 hrs
- ☐ 4-8 hrs
- ☐ 8+ hrs

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PATIENT HEALTH & AESTHETIC ASSESSMENT FORM CONTINUED

Which of the following products are you currently using or have used in the last 6 months?

☐ Cleanser	Name/Brand _____	Length of time using: _____	
☐ Toner	Name/Brand _____	Length of time using: _____	
☐ Ascorbic Acid/Vitamin C	Name/Brand _____	Length of time using: _____	%_____
☐ Hyaluronic Acid	Name/Brand _____	Length of time using: _____	
☐ Other serum	Name/Brand _____	Length of time using: _____	
☐ Retinol (OTC)	Name/Brand _____	Length of time using: _____	% _____
☐ Moisturizer	Name/Brand _____	Length of time using: _____	
☐ Custom skincare system for **acne** such as Proactiv, Apostrophe, Dermala, etc		Length of time using: _____	
☐ Treatment for **acne** such as: Differin, Tazorac, Benzoyl Peroxide		Length of time using: _____	%_____
☐ **Brightening** agents such as: Hydroquinone, Kojic acid, Tretinoin, Vit C		Length of time using: _____	%_____

Please indicate your skin concerns below - check ALL that apply:

Age Prevention - mild signs of aging

- ☐ Very Fine Lines (visible lines during facial expression only)
- ☐ Uneven skin tone (some mild redness or pigmentation)
- ☐ Some mild textural inconsistencies
- ☐ Mild, inconsistent imbalance in skin hydration/dryness.

Age Restoration - Moderate - Advanced signs of aging

- ☐ Lines/wrinkles that stay when expression has ceased
- ☐ laxity or sagging in the skin
- ☐ textural inconsistencies (skin feels rough to the touch)
- ☐ unevenness of skin tone (age/sun spots, redness)
- ☐ Vascular lesions (small spider veins)
- ☐ Consistent inbalance in skin hydration/dryness

Discoloration/Hyperpigmentation

- ☐ Mild to moderate excess pigmentation across the nose, forehead and upper cheeks caused mostly from sun
- ☐ Mild to moderate redness of the skin that appears following a breakout or injury to the skin
- ☐ Moderate hyperpigmentation that occurs on all areas of the face in different depths of color, both red and brown
- ☐ MELASMA - severe hyperpigmentation that appears in patches in different areas of the face, with or without additional pigmentation from sun damage.

Rosacea/Vascular redness

- ☐ Cheeks are more pink in color than the rest of the face
- ☐ Consistent redness on the nose/cheeks and/or forehead and coverup is needed to even skin tone.
- ☐ Red papules or textual inconsistencies (bumps) on the skin
- ☐ Vascular areas on the face/neck/chest (spider veins)

We can create a regimen that allows you to spend more time on your skinare routine when it's best for you. What time of day are you able to spend a few more min. on your skincare?

☐ AM ☐ PM

Acne - /Breakouts

- ☐ Breakouts that are NOT inflamed
- ☐ Breakouts are inconsistent in occurrence
- ☐ Breakouts cover less than 25% of the face
- ☐ Blackheads on nose, cheeks and/or forehead
- ☐ Breakouts with mild inflammation in some areas
- ☐ Textural congestion (thick/hard bumps that don't seem to go away)
- ☐ Some infrequent nodular/cystic acne
- ☐ Breakouts on the skin are consistent
- ☐ Inflamed breakouts cover between 25%-50% of the face
- ☐ Severe congestion and/or textural bumps
- ☐ At least 50% of breakouts are inflamed at any given time
- ☐ Some scarring is present due to breakouts (pitted, rough, red/brown)
- ☐ Breakouts cover no more than 75% of the face
- ☐ Nodular/cystic breakouts that are consistent and painful
- ☐ breakouts are severe causing pain throughout the day and night
- ☐ All areas of the face are affected by inflamed breakouts
- ☐ moderate to severe scarring is present
- ☐ severe textural inconsistencies
- ☐ Hard and soft breakouts that don't seem to go away
- ☐ Breakouts that occur along lower face/jawline and are consistent with a menstrual cycle (hormonal breakouts)

Health & Condition of your skin - check all that apply:

- ☐ Oily
- ☐ normal to oily
- ☐ normal
- ☐ normal to dry
- ☐ dry
- ☐ Skin typically heals quickly without residual damage to the skin
- ☐ skin feels dry within hours of using moisturizers
- ☐ skin reacts sensitively with even slight changes in product use
- ☐ skin reddens easily
- ☐ Texture is rough and uneven in places

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PATIENT HEALTH & AESTHETIC ASSESSMENT FORM CONTINUED

Which of the following treatments are you interested in?

- ☐ Diamond Glow
- ☐ FotoFacial (IPL)
- ☐ Dermaplaning
- ☐ Laser Hair Removal
- ☐ microneedling
- ☐ Radio Frequency Microneedling
- ☐ DOT (fractional CO2)
- ☐ CO2 resurfacing
- ☐ chemical peels
- ☐ Body Contouring
- ☐ Botox
- ☐ Fillers
- ☐ Sculptra
- ☐ PDO threads

Do you currently wear makeup foundation?

- ☐ Yes — How often? ☐ Daily ☐ When going out
- ☐ No

If yes, please check all of the following that apply:

- ☐ I buy my foundation at a super market/grocery store/beauty supply/makeup store
- ☐ I buy my foundation at a dept. store/online
- ☐ I buy my foundation at a salon/day spa/med spa

What type of coverage do you prefer?

- ☐ light
- ☐ medium
- ☐ full

What type of foundation do you prefer?

- Liquid/Cream ☐
- Powder ☐
- I use both ☐

☐ **We can create a custom dual regimen for those who travel frequently or those are in front of a camera frequently. Please indicate by checking the box if this is something you are interested in learning more about.**

Please read the following and indicate your agreement by checking each box and signing below:

☐ I acknowledge that the information submited in this form is true and accurate to the best of my knowledge. As the information contained herein may change, I agree to notify a member of the medical aesthetic team at Riverside Medical Aesthetics before continuing use of my medical grade products to ensure proper dosage, the health and safety of my skin, and to uphold the efficacy of the medical grade products.

☐ I understand and acknowledge that the medical grade products I may purchase at any time, as recommended in my custom treatment plan, are handled and viewed by RMA as a custom dosage system, similar to any other medicinal or supplementary custom dosage as recommended by health care professionals. As such, I should not recommend or attempt to replicate my custom treatment plan/regimen for anyone else and that I should refer them to RMA to receive proper guidance and information and/or their own custom treatment plan/regimen.

☐ I understand that once I purchase medical grade products that the sale of said products is final. No refunds or exchanges will be issued due to any anticipated response symptoms, undesirable reaction, discontent with smell or feeling of the products or any discomfort associated with using the products, or buyers remorse. If I have an extenuating circumstance that does not apply to any reasons listed herein, I will respectfully discuss my circumstance and desire for return with the practice manager in a timely manner for a possible resolution.

(For online form submissions only)

☐ I understand and acknowledge that in order to receive the most accurate assessment and dosage to address my personal concerns it is highly recommended by RMA that I attend a consultation in person or virtually to allow for a medical aesthetic team member to visually assess my skin concerns and to facilitate in depth communication on skin condition and concerns.

My signature below constitutes my acknowledgment that I, the patient, am a competent, consenting adult of at least 18 years of age (or my parent or legal guardian is giving consent on my behalf), and further, that I have read and understand the above information provided and indicated this by checking the required boxes.

Patient Signature _____ **Date** _____

*If signed by someone other than the patient, please indicate relationship to the patient _____