SHAPE Medical Center
Skin, Heart Attack Prevention & Education

Confidential Medical History

Name_____ Age_____ Today's Date_____

Concerns (check all that apply):

__Fine Lines and Wrinkles Where?_____
__Deep Depressions and Wrinkles Where?_____
__Dull Lackluster Skin
__Uneven Skin tone/Hyperpigmentation/Melasma
__Sun Damaged/Pre Cancers
__Active Acne
__Acne Scars
__Other_____
__Facial Spider Veins
__Rosacea
__Unwanted Hair
__Body Contouring Where?_____
__Preventative/Maintenance Procedures
__Mineral Makeup Consult
__Preventative Skin Care

Do you have ANY specific fears about your contemplated procedures? Y__ N__
If YES, explain _____
Have you talked with other Drs or practitioners about your concerns? Y__ N__

Your Overall Health: Excellent__ Good__ Fair__ Poor__
Are you currently being treated for any medical conditions? Y__ N__
If YES, explain:_____

Do you take aspirin or blood thinners frequently? Y__ N__
Do you bruise easily? Y__ N__ Do you wear contacts? Y__ N__
Are you undergoing chemotherapy or radiation therapy? Y__ N__
Do you smoke? Y__ N__ Amount:_____Did you recently quit? Y__ N__
Do you drink alcohol? Y__ N__ Amount_____/per week
Have you been trying, or is there any chance you might be pregnant? Y__ N__
If you've recently had a baby, are you nursing? Y__ N__
Are you a keloid (heavy, elevated scar) former? Y__ N__
Do you have a history of cold sores? Y__ N__ How often?_____
List GENERAL ALLERGIES (or write "none")_____
List DRUG ALLERGIES (or write "none")_____
List MEDICATIONS/SUPPLEMENTS (Or write "none") _____
Are you allergic to adhesive or surgical tape? Y__ N__ Latex? Y__ N__
Have you been exposed to the sun (tan, burn, etc.) in the last 4 weeks? Y__ N__ If YES, explain:_____
What is your ethnicity/race/heritage (this is to help determine your skin type): _____
Do you BURN or TAN when first exposed to the sun? (please circle one)

I understand that I will be seen by and will receive diagnosis and treatment from an Advanced Practice Nurse (also known as a "Nurse Practitioner"), Vicki Filz, who is the Director of SHAPE Medical Center. In Colorado, an Advanced Practice Nurse may diagnose, consult, and treat patients in circumstances such as yours without the supervision of a physician or other medical professional. I am aware that Medical Consultation from a licensed physician is available to Vicki Filz if she determines it appropriate in my individual circumstances, but that any licensed physician consulted by her will not be my personal doctor nor available to me for diagnosis, consultation, or treatment. I specifically understand and accept the scope of care to be provided at SHAPE Medical Center.

Patient Name: _____ Signature: _____ Date: _____