

CMC Cosmetic and Plastic Surgery

1025 Morehead Medical Drive, Suite 200 • Charlotte, NC 28204

Phone (704) 446-6810 • Fax (704) 446-6835

Aesthetics Medical History:

Name: _____ Date: _____

Date of Birth: _____

•Any recent medications which cause sun sensitivity: _____

•Current Skin Products & Cosmetics: _____

•Do you use sunscreen regularly? No Yes If yes, what? _____

PAST MEDICAL HISTORY:

Please list what procedure / treatment and when done:

•Any previous cosmetic surgery? _____

•Any previous laser procedures? _____

•Any previous injections with collagen, silicone, other filler substances, or Botox? If yes, list any problems.

•Any use of Accutane? If yes, when and when was it stopped? _____

•Any problems with hyperpigmentation (discoloration of skin after injury or surgical procedures, etc.)? If yes, where? _____

•Do you have any skin allergies / sensitivities? _____

•What best describes your skin type? Dry Normal Combination Oily

Physician's Signature: _____ Date: _____ Time: _____

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Atrium Health

Patient Information or Sticker

Name:

DOB:

Medical Record #: