

San Diego Dermatology & Laser Surgery  
12395 El Camino Real, Suite 207  
San Diego CA 92130  
Dr. Jason Lupton

## MEDICAL AND COSMETIC QUESTIONNAIRE

Health issues and procedures of interest to you (please check all that apply)

<input type="checkbox"/>	Acne	<input type="checkbox"/>	Skin Care Advice
<input type="checkbox"/>	Rosacea	<input type="checkbox"/>	Skin Care Products
<input type="checkbox"/>	Psoriasis	<input type="checkbox"/>	Botox
<input type="checkbox"/>	Eczema	<input type="checkbox"/>	Restylane or other Fillers
<input type="checkbox"/>	Skin Cancer	<input type="checkbox"/>	Leg Veins
<input type="checkbox"/>	Birthmarks	<input type="checkbox"/>	Laser Hair Removal
<input type="checkbox"/>	Liver/Age/Sun spots	<input type="checkbox"/>	Laser Treatments (wrinkles, spots, lax skin)
<input type="checkbox"/>	Other dermatologic conditions		Tattoo Removal
<input type="checkbox"/>	Excessive Sweating	<input type="checkbox"/>	Facial Veins
<input type="checkbox"/>	Chemical Peels	<input type="checkbox"/>	Other
<input type="checkbox"/>	Facial Discoloration		
<input type="checkbox"/>	(Melasma)		

What specific areas of your skin concern you?

***We are able to submit prescribed medications electronically to your pharmacy.***

***Please provide us with the information for your pharmacy of choice:***

***Pharmacy name:***

***Phone number or location:***

Have you received previous treatment, either medical or cosmetic?

If this is a cosmetic consult, what would be your primary goal today?

Treatment plan?

Consult only?

Treatment today if available?

How did you hear about us?