

# PLASTIC SURGERY VEGAS

ANSON • EDWARDS • HIGGINS • SILVER • TAM

## Areas of Concern

Patient's Name \_\_\_\_\_

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ Date

What are your main concerns for today's visit?

---



---



---



---

Please check the problem areas that concern you. Include anything you wish to discuss, even if it is not the main reason for your visit.

**Face/Eyes/Neck**

- Aging Face/Neck
- Aging Brow/Forehead
- Excess Eyelid Skin
- Botox
- Facial Fillers (Juvederm, Voluma, Restylane, Sculptra, ETC)
- Wrinkles/Fine Lines
- Kybella
- Skin Texture
- Skin Pigment
- Dark Circles
- Laser Treatments
- Chemical Peels
- Eyelash Growth (Latisse)

**Ears**

- Prominent
- Ear Lobes

**Nose**

- Difficulty Breathing
- Shape or Bump
- Crooked

**Breast/Chest**

- Breast Size
- Breast Asymmetry Correction
- Breast Lift
- Breast Reduction
- Breast Implant Revision
- Pectoral Implants (Men)
- Nipple/Areola Concerns
- Gynecomastia

**Excess Skin**

- Abdomen
- Thighs
- Arms

**Liposuction**

- Abdomen
- Bra Rolls
- Hips/Flanks
- Inner Thighs
- Outer Thighs
- Knees
- Calves
- Coolsculpting

**Gynecological**

- Excess Labia Tissue

**Skin**

- Scars
- Moles
- Acne
- Rashes
- Warts

**Other Concerns**

- Excess Sweating (Botox)
- Hand Treatments
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Provider Recommendations:

---



---



---



---



---

I verify that I have provided all of my medical and surgical history to ensure my physician has all the important information to provide the safest care. I will update any new information that occurs in-between visits to include new diagnoses, new medications, subsequent surgeries and any hospitalizations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# PLASTIC SURGERY VEGAS

ANSON • EDWARDS • HIGGINS • SILVER • TAM

## Skin Treatment Evaluation

Patient's Name \_\_\_\_\_  
Last First Date

How would you like improve your skin? \_\_\_\_\_

Rate your satisfaction with your skin's overall appearance at this time on a scale of 1 – 10: \_\_\_\_\_

Do you have any health problems?  Yes  No If yes, please explain: \_\_\_\_\_

List all current medications, antioxidants, vitamins, or herbal supplements you are taking: \_\_\_\_\_

Do you smoke?  Yes  No if yes, how many packs per day? \_\_\_\_\_

Do you have any drug or food allergies?  Yes  No if yes, please explain: \_\_\_\_\_

Are you pregnant or breastfeeding or are you trying to get pregnant?  Yes  No

Please list any diagnosed skin conditions including date of diagnosis and treatment: \_\_\_\_\_

Do you have a history of skin cancer?  Yes  No if yes, list location, diagnosis, date, and type of treatment: \_\_\_\_\_

Do you have a history of cold sores?  Yes  No If yes, how frequently? \_\_\_\_\_

Do you have a history of keloid or hypertrophic scarring?  Yes  No if yes, please explain \_\_\_\_\_

### Skin Type

Please check below what best describes your skin type:

- very fair skin, always burns  fair skin, usually burns  light skin burns first, then tans  medium skin, usually tans  
 dark skin, never burns  browns spots  broken capillaries

Do you consider your skin to be:  normal  oily  dry  combination/T-Zone

Facial Wrinkles:  none  deep wrinkles  crows feet  fine lines

# PLASTIC SURGERY VEGAS

ANSON • EDWARDS • HIGGINS • SILVER • TAM

Have you or are you currently experiencing Acne problems/breakouts?  Yes  No

If yes, how often do you breakout?  always  occasionally  never

Check all that apply:  pimples  whiteheads  blackheads  enlarged pores  acne scars  cysts

Have you taken the acne medication Accutane?  Yes  No if yes, when? \_\_\_\_\_

Do you consider your skin to be Sensitive?  Yes  No if yes, please describe: \_\_\_\_\_

## Sun Exposure

How many hours are you exposed to the sun?  daily  weekly

Do you travel to or live in high altitudes or near water?  Yes  No

Do you wear sunscreen daily?  Yes  No if yes, what SPF? \_\_\_\_\_

Do you wear sunscreen while outdoors?  Yes  No if yes, what SPF? \_\_\_\_\_

Do you sunbathe or use a tanning bed?  Yes  No

Do you use self tanner?  Yes  No

## Treatment History

Have you previously had any of the following:  chemical peels  laser resurfacing  IPL  fraxel  facial surgery  
 microdermabrasion  glycolic acid treatments

Type of procedure and dates: \_\_\_\_\_

Have you had any facial hair removal treatments such as waxing, laser hair removal, or used depilatories in the last 4 weeks?  Yes  No

Please explain your current skincare regimen and brands of skin products used:

A.M. \_\_\_\_\_

P.M. \_\_\_\_\_

How long have you been following the above regimen? \_\_\_\_\_

Are you satisfied with your current products?  Yes  No

Do you currently use Retinol creams, Retin A, Renova, AHA or Glycolic topical preparations?  Yes  No if yes, explain strength and frequency: \_\_\_\_\_

# PLASTIC SURGERY VEGAS

ANSON • EDWARDS • HIGGINS • SILVER • TAM

## Treatment Plan

How much irritation, redness, dryness, flaking and possible breakouts are you willing to tolerate during this rejuvenation process?  none  mild  moderate

Are you looking for a more gradual transformation with little or no irritation from your home care and professional treatments or a more rapid transformation with more irritation and possibly more down time?

gradual transformation  rapid transformation

How many minutes can you commit to your skin care routine? A.M.: \_\_\_\_\_ P.M. : \_\_\_\_\_

# PLASTIC SURGERY VEGAS

ANSON • EDWARDS • HIGGINS • SILVER • TAM

## Light Chemical Peel/Dermaplane/Microdermabrasion/Extractions, Informed Consent

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Date

### Patient's Name

Various techniques are used by Aestheticians to provide specific treatments to the skin and for exfoliation. They are performed to treat a variety of skin conditions including sun damage, uneven pigmentation, and texture. Extractions of blackheads and whiteheads (comedones) are often included during treatments. The degree of peeling depends on the agents, length of downtime planned, and individual skin response. Results of the treatment are variable and depend on age, condition of skin, degree of sun damage, smoking, climate, etc. Repeated treatments are generally recommended to maximize their effects. These treatments should be considered part of an overall skin care regimen that includes daily topical agents and sun avoidance.

### For your safety, you must

- Make us aware if you get Cold sores / Fever blisters (Herpes simplex virus) or have a history of Herpes of the eye (ocular herpes/keratitis).
- Make us aware if you have any allergies, including to any topical creams.
- Discontinue use of any Retinol products for 5 days prior to the treatment-- Unless otherwise instructed.
- Make us aware if you use: Glycolic acid, Retinols, Renova, and Retin-A.
- Make us aware if you take: Hormone replacement, Birth control pills, Accutane.
- Make us aware if you have had recent facial surgery, fillers (Juvederm, Restylane, etc.).
- Avoid sun exposure and tanning for 14 days after treatment.
- Agree to use sun block (SPF 30 or higher) regularly, but especially after the treatment.
- Follow the post-treatment instructions to avoid complications.

Alternatives to Light Chemical Peels / Dermaplaning / Microdermabrasion include: laser therapies, other chemical peels, dermabrasion, and topical therapies. Although complications are rare, below are potential risks. It is important to contact us if you have any concerns about your post-treatment healing

### Discomfort

Mild stinging, heat or tightness may be felt during and for a short time after the treatment.

### Peeling

Flaking of skin is sometimes desired depending on the exact treatment performed. Peeling can persist for 1-7 days. Be aware that some peels may not dramatically 'peel' due to the condition of the skin prior to the treatment or current home care products being used. The amount of visible peeling is NOT an indicator of the effectiveness of the treatment.

### Redness

Redness is often present for a few hours. Longer periods of redness should be expected if a deeper treatment is performed.

### Spot Treatments

With your permission, spot treatments on deeper lesions (brown spots, lentiginos) may be used. These may be a deeper 'burn' requiring 3-7 days of healing. Once healed, these areas can remain pink for 6 weeks or longer. Sun block is critical in this area.

### Cold Sores (Fever Blisters, Herpes Simplex Virus)

These treatments can precipitate a new outbreak. It can aggravate or spread an active outbreak. If any active lesions are present (or impending), you will need to reschedule your appointment. In patients with very frequent outbreaks, pre-treatment with an anti-Viral Medication (Valtrex, Acyclovir) may be considered.

### Changes in Pigmentation

Undesirable changes in color can occur due to scarring. Scarring could result from the 'burn' going deeper than intended. Increased depth is most likely to occur with an infection. INFECTIONS are rare but adherence to instructions is very important.

### Dermaplaning Note

Rarely, a 'nick' in the skin can occur, as with shaving. This is unlikely, but heals in a day or two. Dermaplaning shaves off the fine facial hair. When the hair grows back, it is blunt ended. New hair will NOT appear darker or denser due to the Dermaplaning. Unrelated hormonal changes can affect hair growth patterns.

### Microblading

Please inform your aesthetician if you have microbladed pigmentation on your eyebrows. Caution will be used to avoid treated areas, though lightening of the pigmentation may still occur.

I authorize the treatments outlined. I have had all my questions answered to my satisfaction.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

8530 W. Sunset Road, Suite 130 Las Vegas, NV 89113 Office: 702.822.2100 Fax: 702.822.2105

[www.PlasticSurgeryVegas.com](http://www.PlasticSurgeryVegas.com)

Revised 07.19

# PLASTIC SURGERY VEGAS

ANSON • EDWARDS • HIGGINS • SILVER • TAM

## Patient Registration Information

### Patient's Name

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Date \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender:  Female  Male Marital Status:  Married  Single  Divorced

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_  
Street & Apt # City State Zip

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Which phone do you prefer we use to contact you?  Home Phone  Cell Phone  Work Phone

Any restrictions for contacting you? (Ok to call at work? Leave message at home?, etc.) \_\_\_\_\_

May we use your email to send useful information, updates, promotions and event info? We promise not to abuse it!  Yes  No

We offer 2 methods of appointment reminders, please check your preference (one):  Text Message  Email

For minors, who is the authorized adult or responsible party? \_\_\_\_\_

### Patient's Employer:

\_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street & Suite # City State Zip

### Emergency Contact:

\_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street & Apt # City State Zip

### Insurance Information

Do you have medical insurance?  Yes  No Insurance Provider \_\_\_\_\_

\*Although we do not take insurance, this information will assist in coordinating your care.

### Pharmacy Information

In the event we need to send a prescription to your pharmacy electronically, please provide your pharmacy information:

Pharmacy \_\_\_\_\_ Cross Streets \_\_\_\_\_ Phone \_\_\_\_\_

### Referral Information

Who referred you to our practice? \_\_\_\_\_

May We Thank Them Using Your Name?  Yes  No

If Not Referred How Did You Hear About Us?  Website \_\_\_\_\_  Magazine \_\_\_\_\_

Other \_\_\_\_\_