

***Dr. Shel Wellness and Medical Spa***  
***Skin Consultation***

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_  
 Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_ SSN# \_\_\_\_\_ DL#: \_\_\_\_\_  
 Last Menstrual Cycle: \_\_\_\_\_ Marital Status: M W D S Occupation \_\_\_\_\_  
 Reason for Visit \_\_\_\_\_

<b>History:</b>	<b>Yes</b>	<b>No</b>	<b>Date of last exposure</b>
Tanning Booth	___	___	_____
Skin cancer	___	___	_____
Accutane Usage	___	___	_____
Cold sore/Herpes	___	___	_____
Ongoing/Previous Laser Tx	___	___	_____
Permanent Makeup/Tattoo	___	___	_____
Prior Botox/Fillers	___	___	_____
Keloid Scarring	___	___	_____
Photosensitivity	___	___	_____
Gold Therapy	___	___	_____
Hyper/Hypo Pigmentation	___	___	_____
Pregnant	___	___	_____
Acne	___	___	_____
Smoker	___	___	Quant/day____ Years____
Alcohol Use	___	___	Daily__ Socially__ Rarely__
Exercise	___	___	How Often _____
Joint Replacement Surgery	___	___	_____
MVP/Mitral Valve Prolapse	___	___	_____
Drug Allergies	___	___	_____

Medical Problems: \_\_\_\_\_

Previous Surgeries: \_\_\_\_\_

Medications and over the counter supplements: \_\_\_\_\_

**Interested in other services?**

- |                         |                           |                         |
|-------------------------|---------------------------|-------------------------|
| ___ Nutritional testing | ___ Laser Rejuvenation    | ___ Cellulite Treatment |
| ___ Skin Care           | ___ Weight Management     | ___ Detox Program       |
| ___ Laser Hair Removal  | ___ Laser Skin Tightening | ___ Botox Cosmetics®    |
| ___ Chemical Peel       | ___ Massage Therapy       | ___ Restylane®/Fillers  |
| ___ Radiesse®/Filler    | ___ Juvederm® Filler      | ___ Mineral Makeup      |

**Fitzpatrick Scale**

- |                              |  |
|------------------------------|--|
| ___ I always burn {I}        | ___ I usually burn {II}                  |
| ___ I sometimes burn {III}   | ___ I rarely burn {IV}                   |
| ___ I never burn "brown" {V} | ___ I never burn "African American" {VI} |