

Integrative Dermatology of Woodbury, LLC

Procedure Consult Form

Thank you for taking the time to fill out this form. We will discuss at your first visit. Please note all information on this form is strictly confidential.

Patient Name: _____ Today's Date: _____

Is there a specific procedure you are interested in? _____

Skin Concerns/Goals

Skin condition: _____

What areas are affected? _____

When did it start? _____

Has it ever been biopsied? _____ If yes, what did it show? _____

Please provide a copy of pathology report if possible.

Is it getting better, worse, or about the same? _____

Does anyone else in your family have this problem or other skin problems? _____

Do you have a skincare routine? If yes, please describe? _____

Do you use make-up, body washes, perfumes or other sprays etc.)

Prior topical treatments? Please list both OTC and prescription and how long they were tried:

- 1.
- 2.
- 3.

Prior procedural/surgical treatments?

- 1.
- 2.
- 3.

Has anything helped?
