

Toccare Spa Patient Health History

Austin Medical Plaza 3705 Medical Pkwy, Ste #130 Austin, TX 78705
Telephone 512-533-7317

A Subsidiary of Texas Oculoplastic Consultants

Name _____

Date _____

1. Do you have or have you had any of the following: (please write a check mark next to the item):

Blepharoplasty	Eye Surgery or Injury	Pregnancy	HIV
Silicone Injections	Thyroid (over/under)	Hepatitis	
High/Low blood pressure	Heart Problems	Cancer	
Chemotherapy/Radiation	Tumors/growth/cysts	Ocular Disorders	
Neurological Diseases	Metabolic Disorders	Muscular Disorders	

2. Please list any drug allergies you have _____

3. Circle all that apply to your skin (past or present).

Acne Pimples Broken Capillaries / Area on face _____

Enlarged Pores Wrinkles Pigment problems (melasma, brown spots)

4. Is there any possibility that you are pregnant? Yes ___ No ___ If yes, are you breast feeding? Yes ___ No ___

5. Have you had any facial reconstructive/cosmetic surgery? Yes ___ No ___ If yes, please clarify _____

6. Do you have any facial cosmetic or metallic implants? Yes ___ No ___ If yes, please specify _____

7. Do you have any history of skin cancer? Yes ___ No ___ If yes, document: Date _____ Type _____

Location _____

8. Do you get cold sores or blisters? Yes ___ No ___ If yes, how often? _____

Do you take any medication for this? Yes ___ No ___ If yes, please list _____

9. Please circle: Do you smoke? Y ___ N ___ Facial Wax? Y ___ N ___ Electrolysis? If yes, How long ago? _____

10. Have you used any of the following (past or present), please circle Accutane Retin A Birth Control pills

If using Accutane: when was your last dose? _____ If using Retin A how long? _____

Strength of Retin A: .1% .05% .025% Renova Tazorac Avage

11. Please list any oral or topical medications/products you are using on a regular basis.
(include prescription, over the counter, vitamins, natural, supplements) _____

12. Have you seen a dermatologist in the past five years? Yes ___ No ___ If yes, Physician's Name: _____

13. How much sun exposure do you get in an average week? ___ Hr Do you use tanning booths Y - N Do you use SPF Y - N

14. What products do you currently use? Cleansers ___ Toners ___ Moisturizers ___ Scrubs ___ Masks ___ Sunscreen Brand _____

15. How much water do you drink in a day? _____ 8oz glasses

16. How many caffeinated beverages do you consume in a day? Coffee ___ Tea ___ Soda ___

17. How did you hear about TOC or Toccare? _____

