

Cosmetic Dermatology Center

Nicole Hayre, MD
8405 Greensboro Drive, Suite 110
Mclean, VA 22102
(703) 827-8600

Patient Medical History

Name _____ DOB _____

Are you currently under the care of a physician for a specific condition? Yes No

If Yes, List reason (s): _____

List all current medications: _____

List all Allergies: _____

Circle all that apply:

Blood Thinners
Uncontrolled Diabetes
Sinus Infections
Facial/Oral Surgery
Urticaria (hives)
Hepatitis
High Blood Pressure
Lupus

Viral Lesions (Herpes Simplex)
Vascular Lesions
Pregnant/Nursing
Auto Immune Disease
Skin Cancer
Hair Loss
Low Blood Pressure

Psychiatric
Psoriasis
Eczema
Acne
Nail Problems
Contact Dermatitis

Please explain any items circled above:

History of Cosmetic procedures (Lasers, Dermabrasion, Peels, Fillers etc):

Please list your current skin regimen: _____

Signature: _____ Date: _____