



NALINI G. PRASAD, M.D.

### MEDICAL HISTORY FORM

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Have you ever had the following:**

- Rosacea
- Bleeding Disorder
- Cold Sores
- Allergies (please list): \_\_\_\_\_
- Past Medical Illness (please list): \_\_\_\_\_
- Past Surgeries (please list): \_\_\_\_\_
- Keloid Scar Formation
- Sun Sensitivity

**Medications/Medical Treatment:**

- Are you currently taking birth control pills?  Yes  No
- Are you currently pregnant or breast feeding?  Yes  No
- Are you planning on getting pregnant in the near future?  Yes  No
- Have you ever taken Accutane?  Yes  No
- Do you use any Acne Medication?  Yes  No

If Yes, please list: \_\_\_\_\_

Other Prescription Medications (including herbal): \_\_\_\_\_

Over the Counter Medications (including herbal): \_\_\_\_\_

Are you presently under a physician's care for any condition? If so, please describe:  
\_\_\_\_\_

**Lifestyle Information:**

- Do you consume alcohol?  Yes  No
- Do you smoke?  Yes  No
- Do you exercise regularly?  Yes  No
- Do you use tanning booths?  Yes  No

Describe your history of sun exposure: \_\_\_\_\_

**Skin Type** (Check all that apply):

- Sunburn easily
- Usually tan
- Sensitive
- Dry
- Sunburn, then tan
- Always tan
- Oily
- Normal

**Cosmetic History** (Check all that apply):

- Facial surgery
- Botox injections
- Laser Treatments (please list): \_\_\_\_\_
- Filler injections
- Facial peels

**Additional Comments:** \_\_\_\_\_