TDC
THE DOCTORS CLINIC

Virginia Mason Franciscan Health

Cavalon Aesthetics

Cosmetic Surgery and Skin Rejuvenation

Patient Health Questionnaire

Today's Date: _____

Name: _____ DOB: _____

Sex: F / M Age: _____ Email: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact Name and Relationship: _____

Emergency Contact Phone Number: _____

Primary Care Physician: _____

Referred by: _____ Name/Source: _____

- ☐ Patient of Dr. Henderson
- ☐ Friend or Acquaintance
- ☐ My Doctor
- ☐ Attended Educational Program
- ☐ Website
- ☐ Advertisement
- ☐ Other

May we send a thank you to the person listed above? Y N

Health History

- ☐ Do you smoke
- ☐ Drink alcohol
- ☐ Diabetes
- ☐ Asthma/emphysema
- ☐ Shortness of breath
- ☐ High blood pressure
- ☐ Heart disease
- ☐ History of heart attack
- ☐ Heart valve disease (prolapse)
- ☐ Stroke
- ☐ Chest pain
- ☐ Seizure/epilepsy
- ☐ Easy bruising/bleeding
- ☐ HIV
- ☐ Hepatitis/liver disease
- ☐ Anemia
- ☐ Thyroid disease
- ☐ Tuberculosis
- ☐ Other lung issues
- ☐ Rheumatic fever
- ☐ Cold sores/fever blisters
- ☐ Wear eyeglasses
- ☐ Wear contact lenses
- ☐ Skin lesions
- ☐ Recurrent eyelid swelling
- ☐ Cataracts
- ☐ Dry eyes
- ☐ Hearing aids
- ☐ Dentures
- ☐ History of cancer
- ☐ Poor scarring
- ☐ Keloids
- ☐ Use Retin A/Renova/Differin/ Tazovac/Avage
- ☐ History of Accutane use
- ☐ Take Aspirin
- ☐ Take Plavix
- ☐ Other blood thinners
- ☐ Are you post-menopausal
- ☐ Are you or could you be pregnant
- ☐ Would you agree to a blood transfusion in a life threatening case
- ☐ Fibromyalgia
- ☐ History of depression
- ☐ Psychiatric disorder
- ☐ Nerve injury/neuropathy
- ☐ Numbness
- ☐ Chronic pain
- ☐ Uneven pigmentation
- ☐ Have permanent makeup
- ☐ Habit of tanning or use of self tanner

Jenifer L. Henderson, MD, FACS
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(360) 830-1755 | 2011 NW Myhre Rd | Silverdale, WA

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Locations of concern/Areas of Improvement

- ☐ Face - fine wrinkles
- ☐ Face - deep wrinkles/folds
- ☐ Eyebrows - sagging
- ☐ Eyelids - upper, baggy
- ☐ Eyelids - lower, baggy
- ☐ Nose - size, shape, refinement
- ☐ Nose - improve nasal breathing
- ☐ Cheeks - improve fullness
- ☐ Skin - improve texture, appearance
- ☐ Mouth - downturned corners
- ☐ Chin - recessed
- ☐ Chin - jowling ("turkey waddle")
- ☐ Scars - prominent
- ☐ Removal of skin lesions
- ☐ Other

Describe your skin:

- ☐ Normal
- ☐ Dry
- ☐ Combination
- ☐ Oily
- ☐ Acne
- ☐ Clogged pores
- ☐ Rosacea
- ☐ Eczema
- ☐ Freckled
- ☐ Mature
- ☐ Sallow
- ☐ Melasma
- ☐ Psoriasis
- ☐ Spider veins
- ☐ Patchy dryness
- ☐ Wrinkled
- ☐ Sun damaged
- ☐ Redness
- ☐ Uneven pigmentation
- ☐ Unwanted hair
- ☐ Complexion improvement

Medications

Please list ALL medications you are taking. Include over the counter medications, remedies, supplements, herbs and vitamins:

Cosmetic Procedures

Have you had any cosmetic procedures including lasers, peels, injectable fillers, BOTOX, etc?

☐ Y ☐ N

Surgical Procedures

Please list ALL surgical procedures (including cosmetic surgery) and dates:

Allergies

Please list any allergfies to medications, food, dyes, tape, latex, etc:

Medical Conditions/Problems

Do you have any current or past medical conditions/ problems? ☐ Y ☐ N

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COSMETIC SURGERY AND SKIN REJUVENATION

Family History or any major medical problems?

Are you allergic or sensitive to (check all that apply)?

- ☐ Milk
- ☐ Apples
- ☐ Citrus
- ☐ Grapes
- ☐ Aloe Vera
- ☐ Aspirin
- ☐ Perfume
- ☐ Latex
- ☐ Hydroquinone

To the best of my knowledge, the information provided is true and complete.

Signature

Print name

Date

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