Virginia Mason Franciscan Health
A member of CommonSpirit

TDC
THE DOCTORS CLINIC
A part of Franciscan Medical Group

CAVALON AESTHETICS

COSMETIC SURGERY AND SKIN REJUVENATION

Patient Health Questionnaire

Today's Date: _____

Name: _____ DOB: _____

Sex: ☐ F ☐ M Email: _____

Mailing Address: _____

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

Emergency Contact Name and Relationship: _____

Emergency Contact Phone Number: _____

Primary Care Physician: _____

Referred by:

- ☐ Patient of Dr. Henderson
- ☐ Friend or Aquaintance
- ☐ My Doctor
- ☐ Attended Educational Program
- ☐ Web Site
- ☐ Advertisement
- ☐ Other

Name/Source: _____

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/Paralysis/TIA?
- ☐ Chest pain?
- ☐ Seizure/epilepsy?
- ☐ Easy bruising/bleeding?
- ☐ HIV?
- ☐ Hepatitis/liver disease?
- ☐ Anemia?
- ☐ Thyroid disease?
- ☐ Tuberculosis?
- ☐ Treated with phenol/trichloracetic acid?
- ☐ Had herpes or hives?
- ☐ Other lung issue?
- ☐ Rheumatic fever?
- ☐ Cold sores/fever blisters?
- ☐ Wear eyeglasses?
- ☐ Wear contact lenses?
- ☐ Skin lesions?
- ☐ Recurrent eyelid swelling?
- ☐ Cataracts?
- ☐ Dry eyes?
- ☐ Hearing aid(s)?
- ☐ Dentures?
- ☐ History of cancer?
- ☐ Poor scarring?
- ☐ Keloids?
- ☐ Use Retin A/Renova/Differin/ Tazovac/Avage?
- ☐ History of Accutane use?
- ☐ Take Aspirin?
- ☐ Hydoquinone?
- ☐ Irregular heartbeat?
- ☐ Pacemaker/defibrillator/ cardiac stents?
- ☐ Take Plavix?
- ☐ Other blood thinners?
- ☐ Are you post-menopause?
- ☐ Are you/could be pregnant?
- ☐ Currently breast feeding?
- ☐ 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?
- ☐ Adverse reaction to anesthesia in the past?
- ☐ Hx of malignant hyperthermia (patient or family member)?

Jenifer L. Henderson, M.D., F.A.C.S.
Fellow, American Academy of Facial Plastic and Reconstructive Surgeons
(360) 830-1755 | 2011 NW Myhre Rd. | Silverdale, WA

Virginia Mason Franciscan Health
A member of CommonSpirit

TDC
THE DOCTORS CLINIC
A part of Franciscan Medical Group

Cavalon Aesthetics

Cosmetic Surgery and Skin Rejuvenation

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 WITH the dosage. Include over the counter medications, remedies, supplements, herbs and vitamins:

Cosmetic Procedures
Hae 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 allergies to medications, food, dyes, tape, latex, etc.:

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

Jenifer L. Henderson, M.D., F.A.C.S.
Fellow, American Academy of Facial Plastic and Reconstructive Surgeons
(360) 830-1755 | 2011 NW Myhre Rd. | Silverdale, WA

Virginia Mason Franciscan Health
A member of CommonSpirit

TDC
THE DOCTORS CLINIC
A part of Franciscan Medical Group

CAVALON AESTHETICS

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

What is your preferred pharmacy?

Additional comments/concerns:

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

Signature

Print Name

Date

Jenifer L. Henderson, M.D., F.A.C.S.
Fellow, American Academy of Facial Plastic and Reconstructive Surgeons
(360) 830-1755 | 2011 NW Myhre Rd. | Silverdale, WA

CAVALON AESTHETICS

COSMETIC SURGERY AND SKIN REJUVENATION

Fitzpatrick Skin Type Assessment Worksheet

Directions:

1. Answer each question by placing an X in the applicable box.
2. Write your score (0-4) for each question.
3. Total your score by adding all the line scores.
4. Use the chart to determine your skin type.

Questions	0	1	2	3	4	Your Score
What is the color of your eyes?	☐ Light blue Gray Green	☐ Blue Gray Green	☐ Blue	☐ Dark brown	☐ Brownish black	
What is the natural color of your hair?	☐ Sandy red	☐ Blonde	☐ Dark blonde Chestnut	☐ Dark brown	☐ Black	
What is the color of your skin (unexposed areas)?	☐ Reddish	☐ Very pale	☐ Pale with beige tint	☐ Light brown	☐ Dark brown	
What happens when you stay in the sun too long?	☐ Painful redness, blistering, peeling	☐ Blistering followed by peeling	☐ Burn sometimes followed by peeling	☐ Rarely burns	☐ Never had burns	
To what degree do you turn brown?	☐ Hardly, or not at all	☐ Light color Tan	☐ Reasonable tan	☐ Tan very easily	☐ Turn dark brown quickly	
Do you turn brown several hours after sun exposure?	☐ Never	☐ Seldom	☐ Sometimes	☐ Often	☐ Always	
How does your face respond to the sun?	☐ Very sensitive	☐ Sensitive	☐ Normal	☐ Very resistant	☐ Never had a problem	
When did you last expose yourself to the sun, tanning bed or self-tanning creams?	☐ More than 3 months ago	☐ 2-3 months ago	☐ 1-2 months ago	☐ Less than 1 month ago	☐ Less than 2 weeks ago	
Do you expose the area to be treated to the sun?	☐ Never	☐ Hardly ever	☐ Sometimes	☐ Often	☐ Always	

Name: _____

Date: _____

Total Score: _____

Fitzpatrick Skin Type: _____

Score	Fitzpatrick Skin Type
0 - 7	I
8 - 16	II
17 - 25	III
26 - 30	IV
Over 30	V - VI

Jenifer L. Henderson, M.D., F.A.C.S.
Fellow, American Academy of Facial Plastic and Reconstructive Surgeons
(360) 830-1755 | 2011 NW Myhre Rd. | Silverdale, WA