

# Face Surgery Consultation

Dean P Kane, MD, FACS, PA

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for choosing our office for your consultation! Please check or fill in the following information so I may better help you.*

**List and date** any prior facial surgery or injury:

**List / circle and explain the use** of any:

Y N I use **Retin-A, hydroquinone**, other medications, antibiotics, steroids, other lotions or **drugs on face**:

Y N I have used **accutane** in the last 12 months? The use of accutane ever?

Y N I have had a **skin cancer**, cysts, tumors, eczema, psoriasis, **rosecea**, other:

Y N I have an active viral **cold sore**. I have a history of cold sores.

Y N I wear **eyeglasses, contacts**

Y N I have had **eye surgery** (lasik, cataract, glaucoma, retina detachment, other): Y N I have **dry eyes** and use eye drops

Y N I have previously undergone a **laser or chemical peel** procedure(s): glycolic acid, TCA, phenol, other:

Y N I wax or use cream **depilatories** for hair of the face, neck, other: \_\_\_\_\_times/month

Y N I smoke **tobacco** now and smoke \_\_\_\_\_ packs / day. I stopped smoking \_\_\_\_\_years ago.

Y N I suntan, use a tanning bed, regularly play outdoor sport, exposed to **sun**.

Y N I have had **radiation** or PUVA treatments

Y N I have or have had Bells palsy or other **nerve problem** (weakness or numbness)

Y N I have a connective tissue / **auto-immune** disorder such as scleroderma, lupus, Sjogrens syndrome, other:

Y N I have permanent and/or dissolvable Contour / Silhouette / Novo / Euro or other threads in my face, neck or forehead