



KAROL A. GUTOWSKI, MD, FACS

*AESTHETIC SURGERY
CERTIFIED BY THE AMERICAN BOARD OF PLASTIC SURGERY
MEMBER AMERICAN SOCIETY OF PLASTIC SURGEONS*

Confidential Health Questionnaire for Facial Treatments

(Includes injections, lasers, surgical procedures)

Today's Date: _____

Name _____ Middle Name: _____ Last Name: _____

Age _____ Date of Birth _____ Gender: _____ Email: _____

Mailing address: _____ City: _____ State: _____ Zip Code: _____

Allowed forms of communication: (By allowing communication via telephone, I permit Chicago Cosmetic Institute to leave voicemails with persons other than myself)

Phone Number: _____ Other Phone Number: _____

Emergency Contact _____ Emergency Contact Phone Number: _____

Primary Care Physician _____ Phone Number: _____

Reason for visit _____

Which areas are of concern to you?

- Forehead
- Cheeks
- Loose skin
- Brow
- Neck
- Aging skin
- Eyelids
- Skin
- Scars
- Lips
- Nose
- Chin
- Ears
- Other _____

Past Facial Treatments

- Botox, Xemin, Dysport
- Injections or Fillers
- Laser treatments
- Facial surgery
- Accutane
- Other _____

MEDICAL INFORMATION

- Allergies**
- None
 - Medications _____
 - Environmental _____
 - Latex

Reaction _____
Reaction _____
Reaction _____

Medications (including dietary supplements, nonprescription and herbal products)

Past Medical History (list any past or current medical problems)

Cold sores or herpes infections

Past Surgical History (list any past procedures & operations, including complications)



Skin Typing Matrix

Name: _____

Please answer the following questions by circling the number which best describes you. Your clinician will total your score during the consultation

My ethnic origin is closest to:

Very fair (Celtic and Scandinavian)	<input type="checkbox"/>
Fair-skinned Caucasian with light hair and light eyes	<input type="checkbox"/>
Pale-skinned Caucasian with dark hair and dark eyes	<input type="checkbox"/>
Olive-skinned (Mediterranean, some Asias, some Hispanic)	<input type="checkbox"/>
Dark-skinned (Middle Eastern, Hispanic, Asians, some African)	<input type="checkbox"/>
Very dark-skinned (African)	<input type="checkbox"/>

My eye color is:

Light blue	0
Blue / Green	1
Green / Gray / Golden	2
Hazel / Light Brown	3
Brown	4

My natural hair color at 18 was:

Red	0
Blonde	1
Light Brown	2
Dark Brown	3
Black	4

The color of my skin that is not normal exposed to the sun is:

Pink to reddish	0
Very Pale	1
Pale with a beige tan	2
Light Brown	3
Medium to dark Brown	4
Dark Brown – black	5

If I go out into the sun for an hour or so without sunscreen and have not been out in the sun for weeks my skin will:

Burn, blister and peel	0
Burn, then when the burn resolves there is Little or no color change	1
Burn, then turns into a tan in a few days	2
Gets pink, but then turns into a tan quickly	3
Just tan	4
Just gets darker	5
My skin color is so dark I cannot tell	6

When was the last time the area to be treated was exposed to natural sunlight, tanning booths or artificial tanning cream?

Longer tan one month ago	0
Within the past month	1
Within the past two weeks	2
Within the past week	3

Total Score: _____

If your score is:	Your skin type is:
0 – 3	1
4 – 7	2
8 – 11	3
12 – 15	4
16 – 19	5
20 – 24	6

About you:

What is your hereditary background? (circle all that apply) Nordic/ Scandanavian/ Irish/ German/ English/ Asian/ Mediterranean/ Italian/ Hispanic/ Asian/ Native American/ Middle Eastern/ African American/ Other _____

If you sustain an injury to your skin such as a cut, burn, or bruise, how long does it take to fully resolve without any hyperpigmentation?
