

Anne M. Nickodem, M.D., F.A.C.S.

Aesthetic, Breast and Reconstructive Plastic Surgery



Please classify your general skin type as one of the following:

Normal	Oily	Dry	T-zone Oily
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Do you have a history of heavy sun exposure for work or leisure? _____ If yes, please explain: _____

Do you use sunscreen?

Daily	Occasionally	Seasonally	Never
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Have you ever had any of the following:

Basal Cell Skin Cancer		Melasma (Pregnancy Mask)	
Squamous Cell skin Cancer		Freckles	
Melanoma		Sunspots	
Dysplastic Nevi		Blemishes	
Keratoses		Cysts	
Rosacea		Acne	
Folliculitis		Sunburn	
Herpes Simples (Cold Sores)			

Have you ever had any of the following procedures:

Mole Excision		Chemical Peel	
Dermabrasion		Laser Resurfacing	
Facelift		Blepharoplasty	
Browlift		Botox Injections	
Fat or Collagen injections			

Please check the products you use and list the brand name if known:

	Cleanser	Brand:
	Toner/Astringent	Brand:
	Exfoliating Scrub	Brand:
	Moisturizer	Brand:
	Glycolic Acid	Brand:
	Retin-A	Brand:
	Antibiotic	Brand:
	Accutane	Brand:
	Eye Cream	Brand:
	Night Cream	Brand:
	Sunscreen	Brand:
	Other(s)	Brand:

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