KLINE
DERMATOLOGY
INNOVATIVE MEDICINE & FINE AESTHETICS

NEW PATIENT HISTORY

PATIENT NAME: JEFFREY EPSTEIN **DATE:** JAN. 11, 2019

1. Please indicate your key skin concerns and corresponding body area.

- ❑ Acne scarring
- ❑ Acne/breakouts
- ❑ Abnormal scarring
- ❑ Blotchiness/redness
- ❑ Dryness
- ❑ Eczema
- ❑ Fine lines/wrinkles
- ❑ Hair loss/thinning hair
- ❑ Laxity/loss of volume
- ❑ Moles/abnormal skin growth
- ❑ Pigmentation
- ❑ Rash
- ❑ Rough, uneven texture
- ❑ Psoriasis
- ❑ Skin cancer
- ❑ Spider veins/vascular abnormality
- ❑ Submental fullness "double chin"
- ❑ Unwanted hair
- ❑ Unwanted/stubborn fat
- ❑ Underarm perspiration
- ❑ Other (please specify)

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2. Please list any current or past medical conditions including any surgeries.

3. Please list any upcoming medical procedures including dental work.