1 PATIENT INFORMATION

1 PATIENT DETAILS

NAME

DOB

AGE/SEX

MRN / PATIENT ID

DATE OF SERVICE

PROVIDER

CREDENTIALS

VISIT TYPE: COSMETIC DERMATOLOGY CONSULTATION / FOLLOW-UP / PROCEDURE VISIT / INJECTABLE TREATMENT / LASER TREATMENT / SKIN REJUVENATION VISIT / TELEHEALTH

CARE SETTING: OUTPATIENT / DERMATOLOGY CLINIC / COSMETIC DERMATOLOGY CLINIC / MEDSPA-AFFILIATED DERMATOLOGY PRACTICE / TELEHEALTH

PRIMARY CARE PROVIDER, IF APPLICABLE

REFERRING PROVIDER, IF APPLICABLE

INTERPRETER USED, IF APPLICABLE

CHAPERONE PRESENT, IF APPLICABLE

CC CHIEF COMPLAINT

2 PRIMARY COSMETIC CONCERN

Document the primary cosmetic dermatology-related reason for the visit in the patient's own words when possible, including wrinkles, facial volume loss, skin laxity, pigmentation, melasma, acne scarring, rosacea-related redness, unwanted hair, vascular lesions, tattoo removal, texture concerns, pore size, scars, stretch marks, body contouring concern, hyperhidrosis, or consultation for cosmetic procedure planning.

S SUBJECTIVE

3 AESTHETIC GOALS & HISTORY

Document patient-reported cosmetic concerns, aesthetic goals, treatment history, medical history, skin care regimen, procedure expectations, and safety considerations.

3a GOALS & PRESENTING CONCERNS

Reason for Cosmetic Dermatology Evaluation:

Document whether the visit is for initial cosmetic consultation, injectable treatment, neuromodulator treatment, dermal filler consultation, laser/light-based therapy, chemical peel, microneedling, skin resurfacing, scar revision, hair removal, body contouring, hyperhidrosis treatment, skin care regimen review, or post-procedure follow-up.

Aesthetic Goals and Priorities:

Document the patient's desired outcomes, areas of concern, priority treatment areas, desired degree of change, natural versus dramatic result preference, timeline for events, budget considerations if discussed, and expectations for downtime or recovery.

History of Present Cosmetic Concern:

Document onset, duration, progression, triggers, prior treatments, response to treatment, worsening factors, associated symptoms, prior procedures, and patient concerns regarding appearance or function.

Facial Aging / Volume / Wrinkle Concerns:

Document dynamic lines, static lines, volume loss, facial asymmetry, skin laxity, hollowing, nasolabial folds, marionette lines, tear trough concerns, jawline concerns, lip volume concerns, neck lines, and prior injectable history.

Pigmentation / Tone Concerns:

Document melasma, lentigines, post-inflammatory hyperpigmentation, hypopigmentation, uneven tone, sun damage, photosensitivity, hormonal triggers, medication triggers, pregnancy history when relevant, and prior lightening treatments.

Texture / Scar Concerns:

Document acne scars, surgical scars, traumatic scars, hypertrophic scars, keloids, stretch marks, pore size, rough texture, fine lines, resurfacing history, and prior scar treatments.

Redness / Vascular Concerns:

Document facial redness, flushing, telangiectasias, rosacea, spider veins, angiomas, vascular birthmarks, bruising tendency, and triggers such as heat, alcohol, spicy foods, sun, or exercise.

Hair / Body Concerns:

Document unwanted hair, hair growth pattern, prior hair removal, hair color, skin type, hormonal concerns, body contouring goals, submental fullness, cellulite concerns, or localized fat concerns.

Hyperhidrosis Symptoms, if applicable:

Document location, severity, triggers, duration, functional impact, prior antiperspirants or medications, prior botulinum toxin treatment, and treatment response.

3b TREATMENT & SAFETY HISTORY

Prior Cosmetic Procedures:

Document neuromodulators, dermal fillers, biostimulators, lasers, IPL, radiofrequency, microneedling, chemical peels, thread lifts, surgery, body contouring, tattoo removal, complications, product type if known, dates, and response.

Current Skin Care Routine:

Document cleansers, moisturizers, sunscreen, retinoids, acids, hydroquinone, vitamin C, exfoliants, prescription topicals, over-the-counter products, cosmetics, fragrance use, irritant reactions, and adherence.

Medication and Supplement History:

Document anticoagulants, antiplatelets, isotretinoin history, photosensitizing medications, immunosuppressants, steroids, acne medications, hormone therapy, herbal supplements, NSAID use, and medications affecting bruising or healing.

Medical and Dermatologic History:

Include acne, rosacea, eczema, psoriasis, vitiligo, melasma, keloid tendency, hypertrophic scarring, pigmentary disorders, cold sores/HSV, autoimmune disease, bleeding disorders, diabetes, immunosuppression, pregnancy/lactation status, and prior skin cancers.

Allergy / Reaction History:

Document allergy to lidocaine, epinephrine, adhesives, chlorhexidine, latex, topical anesthetics, filler products, botulinum toxin, antibiotics, or prior reactions to cosmetic procedures.

Sun Exposure and Skin Cancer Risk:

Document sunscreen use, tanning bed use, sunburn history, outdoor exposure, prior skin cancers, family history of skin cancer, and recent sun exposure or planned travel.

Social / Lifestyle Context:

Document occupation, public-facing work, upcoming events, downtime constraints, smoking/nicotine use, alcohol use, exercise habits, and ability to follow aftercare instructions.

Expectations and Consent Considerations:

Document patient understanding of expected results, limitations, need for maintenance treatments, staged approach, risks/benefits, alternatives, cost responsibility if discussed, and photography consent if obtained.

Pertinent Negatives:

Document denial of red-flag or procedure-relevant concerns when clinically relevant, including active infection, active cold sore, open wound, pregnancy/lactation when contraindicated, recent isotretinoin use if relevant, bleeding disorder, severe allergy history, unrealistic expectations, recent tanning, or history of poor wound healing.

ROS COSMETIC DERMATOLOGY REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Document pertinent positives and negatives:

Wrinkles, skin laxity, volume loss, asymmetry, or facial contour concern

Pigmentation, melasma, sun damage, redness, flushing, or visible vessels

Acne scars, surgical scars, texture changes, stretch marks, or keloid tendency

Unwanted hair, hyperhidrosis, body contouring concern, or tattoo removal concern

Active rash, acne flare, infection, cold sore, wound, irritation, or recent sunburn

Easy bruising, bleeding tendency, poor wound healing, or medication-related procedure risk

Prior cosmetic procedure complications, product reactions, or dissatisfaction

Psychosocial impact, appearance-related distress, or expectations affecting treatment planning

O OBJECTIVE

5 OBSERVED FINDINGS

Document observed cosmetic dermatology-relevant findings and examination details.

5a VITALS, IF OBTAINED

TEMPERATURE	BLOOD PRESSURE	HEART RATE

RESPIRATORY RATE	OXYGEN SATURATION	HEIGHT
WEIGHT	BMI	PAIN SCORE, IF APPLICABLE

5b EXAMINATION

General Appearance:

Document alertness, distress level, comfort level, grooming, skin type, ability to participate in informed consent, and overall clinical condition.

Skin Type / Baseline Assessment:

Document Fitzpatrick skin type, baseline pigmentation, tanning status, sun damage, scar tendency, skin sensitivity, acne activity, rosacea activity, and contraindications to planned treatment.

Facial Assessment:

Document symmetry, dynamic rhytids, static rhytids, volume loss, skin laxity, facial proportions, muscle activity, brow position, eyelid support, tear troughs, midface volume, nasolabial folds, lips, chin, jawline, neck, and treatment priority areas.

Pigmentation / Tone Examination:

Document distribution, depth impression when assessed, borders, color, symmetry, sun damage, lentigines, melasma pattern, post-inflammatory hyperpigmentation, hypopigmentation, and areas to avoid.

Texture / Scar Examination:

Document scar type, location, size, depth, color, pliability, hypertrophy, atrophy, ice-pick/boxcar/rolling scars, keloid features, stretch marks, and surrounding skin quality.

Vascular / Redness Examination:

Document telangiectasias, erythema, flushing, angiomas, spider veins, vascular lesions, bruising, rosacea findings, and contraindications to vascular laser treatment.

Hair / Body Treatment Area Examination:

Document treatment area, hair color, hair density, skin type, tattoos, scars, moles, irritation, infection, or contraindications to laser/body procedures.

Procedure Site Assessment:

Document planned treatment sites, skin integrity, active inflammation, infection, acne lesions, wounds, cold sores, recent procedures, bruising, asymmetry, and baseline photographs if obtained.

CT COSMETIC TREATMENT ASSESSMENT

6 TREATMENT PLANNING CONSIDERATIONS

Document aesthetic diagnosis and treatment planning considerations. Include:

COSMETIC CONCERN AND TREATMENT AREA

BASELINE SEVERITY

FITZPATRICK SKIN TYPE

SKIN SENSITIVITY OR PIGMENTATION RISK

PRIOR TREATMENT RESPONSE

CONTRAINDICATIONS OR CAUTIONS

EXPECTED NUMBER OF SESSIONS

EXPECTED DOWNTIME

MAINTENANCE NEEDS

ALTERNATIVE OPTIONS DISCUSSED

PATIENT GOALS AND EXPECTATIONS

PHOTOGRAPHY STATUS

CONSENT STATUS

PR PROCEDURES PERFORMED, IF APPLICABLE

7 PROCEDURE DOCUMENTATION

Document cosmetic procedure details thoroughly. Include procedure name, indication, informed consent, risks/benefits/alternatives reviewed, treatment site, pre-procedure photographs if obtained, skin preparation, anesthesia if used, product/device used, lot number when applicable, settings when applicable, technique, amount used, endpoint achieved, patient tolerance, complications, aftercare instructions, and follow-up plan. Examples may include: Botulinum toxin / neuromodulator injection · Dermal filler injection · Biostimulator injection · Platelet-rich plasma treatment · Chemical peel · Microneedling · Radiofrequency microneedling · Fractional laser resurfacing · IPL / photofacial · Vascular laser treatment · Pigment laser treatment · Laser hair removal · Tattoo removal · Scar revision treatment · Keloid or hypertrophic scar injection · Submental fat reduction treatment · Hyperhidrosis botulinum toxin treatment · Cosmetic lesion removal.

IJ INJECTABLE TREATMENT DETAILS, IF APPLICABLE

8 INJECTABLE-SPECIFIC DETAILS

Document injectable-specific details. Include:

PRODUCT NAME

CONCENTRATION / DILUTION IF APPLICABLE

LOT NUMBER AND EXPIRATION DATE

TOTAL UNITS OR VOLUME USED

INJECTION SITES

INJECTION DEPTH AND TECHNIQUE

NEEDLE/CANNULA TYPE WHEN RELEVANT

ASPIRATION USE IF DOCUMENTED

ANESTHESIA USED

MASSAGE OR MOLDING PERFORMED IF RELEVANT

IMMEDIATE RESULT

PATIENT TOLERANCE

VASCULAR COMPROMISE SIGNS ASSESSED

POST-INJECTION INSTRUCTIONS

FOLLOW-UP AND TOUCH-UP PLAN

LD LASER / DEVICE TREATMENT DETAILS, IF APPLICABLE

9 DEVICE-BASED PROCEDURE DETAILS

Document device-based procedure details. Include:

DEVICE NAME AND HANDPIECE

INDICATION

TREATMENT AREA

FITZPATRICK SKIN TYPE

EYE PROTECTION USED

SKIN PREPARATION

TEST SPOT IF PERFORMED

SETTINGS, INCLUDING WAVELENGTH, FLUENCE, PULSE DURATION, SPOT SIZE, PASSES, COOLING, AND ENDPOINT

ANESTHESIA IF USED

NUMBER OF PULSES OR TREATMENT COVERAGE

PATIENT TOLERANCE

IMMEDIATE RESPONSE

COMPLICATIONS IF ANY

POST-PROCEDURE CARE AND SUN AVOIDANCE COUNSELING

TREATMENT SERIES PLAN

SC SKIN CARE / TOPICAL REGIMEN ASSESSMENT

10 COSMECEUTICAL & PRESCRIPTION PLAN

Document cosmeceutical and prescription skin care plan. Include:

CURRENT PRODUCTS

IRRITATING OR SENSITIZING PRODUCTS

SUNSCREEN USE AND REAPPLICATION

RETINOID USE

PIGMENT-CORRECTING AGENTS

ACNE/ROSACEA MEDICATIONS

MOISTURIZER/BARRIER SUPPORT

EXFOLIANT USE

PRODUCT ALLERGIES OR INTOLERANCES

PROCEDURE PREPARATION OR POST-PROCEDURE RESTRICTIONS

STEPWISE MORNING AND EVENING REGIMEN WHEN PROVIDED

ST SCREENING / ASSESSMENT TOOLS

11 SCORES & INTERPRETATION

Document standardized or structured tools used and interpretation, if applicable. Include: Fitzpatrick skin type · Wrinkle severity scale · Global aesthetic improvement scale · Acne scar severity grading · Melasma Area and Severity Index when used · Patient satisfaction score · Hyperhidrosis Disease Severity Scale · Dermatology Life Quality Index · Pain scale · Photography comparison · Cosmetic expectations assessment. Include score, result, interpretation, comparison to prior results, and limitations.

L LABORATORY AND DIAGNOSTIC RESULTS

12 REVIEWED & ORDERED

Document cosmetic dermatology-relevant results reviewed or ordered when applicable. Include:

Pregnancy Testing:

If required before medication, laser, chemical peel, or other procedure based on protocol.

Medication Safety Testing:

Labs relevant to isotretinoin, spironolactone, systemic medications, or procedure safety when applicable.

Infection Testing:

HSV testing, bacterial culture, fungal testing, or wound culture when clinically indicated.

Pathology:

Cosmetic lesion removal pathology, scar biopsy, or biopsy results when a lesion is removed or diagnostic uncertainty exists.

Prior Records Reviewed:

Prior cosmetic treatment records, product details, dermatology notes, surgical records, laser settings, complication history, photographs, medication history, and outside records.

A ASSESSMENT

13 COSMETIC CLINICAL INTERPRETATION

Provide cosmetic dermatology-specific clinical interpretation: Primary cosmetic concern or aesthetic diagnosis · Baseline severity and treatment area · Skin type and risk profile · Differential diagnosis if concern may represent medical dermatologic disease · Prior treatment response and complications · Contraindications, cautions, or need to defer procedure · Patient goals, expectations, and suitability for requested procedure · Procedure risks, benefits, limitations, alternatives, downtime, and maintenance needs · Need for staged treatment, combination therapy, skin care optimization, medical dermatology evaluation, biopsy, referral, or urgent evaluation if concerning findings are identified.

P PLAN

14 COSMETIC MANAGEMENT BY PROBLEM & AREA

Outline cosmetic dermatology management by problem and treatment area. Include:

Treatment recommendation

including procedure type, treatment area, expected number of sessions, expected timeline, downtime, maintenance plan, and alternatives.

Injectable plan

including product choice, target areas, dose/volume plan, touch-up plan, risks/benefits, aftercare, and emergency precautions for vascular compromise when applicable.

Laser/device plan

including device selection, settings plan when determined, pre-treatment preparation, sun avoidance, treatment interval, expected endpoint, and post-treatment care.

Pigmentation plan

including sunscreen, photoprotection, topical lightening agents, retinoids, chemical peels, laser caution based on skin type, maintenance plan, and recurrence prevention.

Texture/scar plan

including resurfacing, microneedling, subcision, filler, steroid injection, silicone therapy, scar massage, surgical revision, or staged approach when appropriate.

Acne/rosacea cosmetic plan

including medical control before cosmetic procedures, topical regimen, vascular laser/IPL options, scar treatment timing, and irritation precautions.

Skin care plan

including morning/evening regimen, sunscreen, cleanser, moisturizer, retinoid, antioxidants, exfoliant restrictions, barrier repair, and product discontinuation before procedures when needed.

Procedure aftercare plan

including icing, avoidance of exercise/alcohol/heat when relevant, wound care, sun protection, makeup restrictions, expected swelling/bruising/peeling, and warning signs.

Safety plan

including HSV prophylaxis when indicated, avoidance of treatment during active infection or recent tanning, medication holds when appropriate, pregnancy/lactation precautions, and contraindication review.

Referral and care coordination plan

with medical dermatology, dermatologic surgery, plastic surgery, oculoplastics, vascular specialist, laser specialist, or primary care when indicated.

Patient education

regarding realistic expectations, procedure limitations, potential complications, maintenance needs, cost responsibility if discussed, and when to seek urgent or emergency care.

F FOLLOW-UP

15 REASSESSMENT PLAN

Specify follow-up timeframe and purpose, including post-procedure check, touch-up evaluation, treatment response assessment, adverse effect review, next session, skin care reassessment, photography comparison, or urgent return precautions.

TB TIME DOCUMENTATION & BILLING

16 TIME DOCUMENTATION (IF APPLICABLE)

TOTAL TIME SPENT

COSMETIC COUNSELING TIME

PROCEDURE TIME, IF APPLICABLE

PHOTOGRAPHY / TREATMENT PLANNING TIME, IF APPLICABLE

SKIN CARE COUNSELING TIME, IF APPLICABLE

CARE COORDINATION TIME

RECORDS REVIEW TIME, IF APPLICABLE

16a BILLING CONSIDERATIONS — COSMETIC DERMATOLOGY CODING / DOCUMENTATION

COSMETIC CONSULTATION FEE, IF APPLICABLE

PROCEDURE CODE(S), IF APPLICABLE

INJECTABLE PRODUCT / UNIT DOCUMENTATION, IF APPLICABLE

LASER / DEVICE TREATMENT DOCUMENTATION, IF APPLICABLE

PHOTOGRAPHY DOCUMENTATION, IF APPLICABLE

NON-COVERED / COSMETIC SERVICE DOCUMENTATION, IF APPLICABLE

BASIS FOR BILLING: [COSMETIC PROCEDURE / PRODUCT-BASED / DEVICE-BASED / TIME-BASED COUNSELING / PACKAGE OR SELF-PAY DOCUMENTATION]

ICD-10 DIAGNOSIS CODES, IF MEDICALLY APPLICABLE: [PRIMARY COSMETIC / DERMATOLOGIC DIAGNOSIS CODE + DESCRIPTION]

[SECONDARY DIAGNOSIS / SYMPTOM CODE(S), IF APPLICABLE]

SO SIGNATURE

17 PROVIDER SIGN-OFF

PROVIDER NAME

CREDENTIALS

SPECIALTY: COSMETIC DERMATOLOGY

DATE

TIME