Patient Medical History

MEDICAL AESTHETICS intelligence

Date :_____

Name: _____Date of birth_____

Address: _____

Phone (Home/ Cell) : _____ Business Phone: _____

E-mail address: _____

Marital Status: ○Single ○ Married Occupation: _____

Emergency Contact: Name: _____Phone: _____

Referred by: _____

List all medications and supplements:_____

_____

Have you ever been hospitalized? If so, please list date and reason:_____

Have you ever had surgery (face and/or body)? If so, please list date and procedure:

_____

Please check any condition that you currently have or have had in the past:

○Heart Problem ○Diabetic ○HIV ○Lupus ○Hepatitis ○Auto Immune Disease ○Bruise Easily ○Poor Wound Healing ○Claustrophobic ○Asthma ○Eczema ○Psoriasis ○Vitiligo ○Keloid Scar ○Pacemaker ○Metal Implant ○Seizure/Epilepsy ○High Cholesterol ○Anxiety/Depression ○Hormone Imbalance (Estrogen/Testosterone/ Progesterone) ○Hyper Thyroid / Hypothyroid ○PCOS ○Excessive Hair Growth ○Excessive Hair Loss ○Permanent Makeup ○Tattoo ○MS ○ALS ○ Bell's Palsy ○Cold Sores ○Shingles ○High Blood Pressure ○Varicose Veins

Other:_____

Have you ever had an allergic reaction to any of the following? (Please check any that apply and explain)
If yes, please explain: _____

○Cosmetics ○Medicine (ie: Penicillin, Codeine, Sulfa) ○Food ○Animals ○Sunscreens ○Iodine ○Pollen ○AHA ○Fragrance ○Salicylic Acid ○Shellfish ○Latex ○Sun ○Lidocaine

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What procedures are you interested in? Check all that apply

○Microneedling ○Botox/Xeomin/Dysport ○Dermal filler ○ PRF for hair growth

○ Skin treatments (to improve acne, melasma, broken capillaries)

○Skin Resurfacing ○Lines & Wrinkles ○Skin Tightening

1) Have you ever had a facial treatment before? ○No ○Yes, when? _____ _____

2) Have you ever had a body spa treatment before?○No ○Yes List:_____

Which of the following best describes your skin when exposed to the sun for 30 minutes & no SPF:
○ Always burns easily, never tans with very pale skin tone
○ Always burns, tans with a hint of color with very pale skin tone
○ Burns initially, tans gradually with light skin tone
○ Can burn and can tan with olive/gold skin tone
○ Rarely burns with brown skin tone
○ Rarely burns with very deeply pigmented skin tone
Your ethnicity: Causasian / Hispanic / Asian / African American/ _____

4) Do you have any special skin problems or concerns pertaining to your face or body? ○Yes ○No

If yes, please specify: _____

5) Have recently (last 6 weeks) chemical peels, laser or microdermabrasion? ○No ○Yes

In the last month? ○No ○Yes If yes, please describe: _____

6) Do you use Retin-A, Renova, Hydroquinone, Hydroxyl Acid or Retinol/vitamin A derivative products?

○No ○Yes

If yes, please describe: _____

7) Have you used any of the above products in the last 3 months? ○No ○Yes

8) Have you used an acne medication? ○No ○Yes, when? _____

What type? _____

9) What skin care products are you currently using? (List brand)

_____

10) Have you recently used any self-tanning lotions, creams or treatments ○No ○Yes

Please specify: _____

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Please circle all that apply:

OShaving OWaxing OElectrolysis OPlucking OTweezing OThreading ODepilatories OLaser

What areas of concern do you have regarding your skin? Check all that apply

OBreakouts/acne OBlackheads/whiteheads OExcessive oil/shine ORosacea ODehydrated skin

OBroken capillaries ORedness/ruddiness OSun spot/liver spot/brown spot Opuffiness Odark circles

OUneven skin tone OSun damage OWrinkles/fine lines ODull/dry/ flaky skin OSkin laxity

Other _____

17) In the last 2 weeks, have you had injections such as Botox™, Restylane™, Radiesse, or Juvederm?
ONo OYes

Please specify: _____

Female Clients Only:

19) When was your last menstrual period? _____

20) Are you pregnant or trying to become pregnant? ONo OYes

23) Are you undergoing any hormone replacement therapy? ONo OYes

Please specify: _____

Future Appointments/Contact:

May we call home, work or cell phone number to confirm future appointments?

ONo OYes Preferred method of contact:

May we contact you via email to confirm appointments and send our promotions? ONo OYes

I understand, have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or complications from your treatment that may be irreversible. The treatments I receive here are voluntary and I release this institution, all employees and contractors from liability and assume full responsibility thereof.

Client Signature: _____ Date: _____

Patient verbalizes no-changes to Medical history Initials:_____ Date:_____

Patient verbalizes no-changes to Medical history Initials:_____ Date:_____