Blackburn Medical & Esthetics

Esthetics – Patient Medical Questionnaire

First Name: _____ Last Name: _____ Date of Birth: _____

Phone #: _____ Email: _____ OHIP #: _____

Address: _____ Family Physician: _____

Please answer the following questions:

ARE YOU PREGNANT, BREASTFEEDING OR TRYING TO CONCEIVE? ☐ **YES** ☐ **NO**
You may NOT have Neuromodulators or Fillers if you are pregnant, breastfeeding or three (3) months after delivery.

Do you have a Neuro-Muscular Disorder (like Muscular Dystrophy, MS, ALS, GBS, etc.), Lambert-Eaton Myasthenic Syndrome or Polymyositis? ☐ **YES** ☐ **NO**
You may NOT have Neuromodulators or Fillers if you answered Yes.

Are you currently taking a Tetracycline or Aminoglycoside antibiotic? ☐ **YES** ☐ **NO** ☐ **Unsure**
You may NOT have Neuromodulators or Fillers if you answered Yes.

1. Have you previously had injectable **Neuromodulators (like Botox)**? ☐ Yes ☐ No
   If yes, when was the last time? _____
   How many units and where on your face? _____
   Please explain any bad reactions:

2. Have you previously had injectable **Hyaluronic Acid Fillers**? ☐ Yes ☐ No
   If yes, when was the last time? _____
   How many mL and where on your face? _____
   Please explain any bad reactions:

3. Have you previously had any **Facial Plastic or Reconstructive surgery**? ☐ Yes ☐ No
   If yes, please explain:

4. Have you previously had a reaction to **Local Anesthetic**? ☐ Yes ☐ No
   If yes, please explain:

5. Do you have any **Allergies**? ☐ Yes ☐ No
   If yes, please list them and their reaction:

6. Please list all **Medications** you currently take:

7. What is your **Wish List** for your appointment?

8. **Is there anything else you would like the Medical Staff to know?**

_____
Signature Date

Thank you for your cooperation. This information will be included in your medical record.

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