PATIENT INFORMATION AND MEDICAL HISTORY: CONFIDENTIAL

Your health is important to us. Please fill this out as accurately and completely as possible. Please note your preferred method of contact by checking the box for email, mobile phone, or home phone.

PERSONAL INFORMATION:

First:	Middle	Last	Date:
Address:		Email: PREFERRED ☐	
City, State, Zip		Mobile phone: PREFERRED ☐	
Birthdate:	Gender:	Home phone: PREFERRED: ☐	

TREATMENT CHECK-IN:

Are you currently under the care of a healthcare professional? If yes, please explain:

What/when was your most recent cosmetic treatment? Is this your first treatment?

Have you fainted during of following an aesthetic procedure? YES ☐. NO☐	Have you had a cosmetic procedure you did not like the outcome of? YES☐. NO☐
Have you ever had a Rhinoplasty? YES☐. NO☐ If so, did you experience any pain? YES☐. NO☐	Are you allergic to Eggs? YES☐. NO☐ Are you allergic to Milk protein: YES☐. NO☐ Are you allergic to Lidocaine? YES☐. NO☐

Do you have any other allergies, or can you think of something you've had an adverse reaction to (please list)? ☐ I DO NOT HAVE ANY KNOWN ALLERGIES. (Or) ☐ I HAVE THE FOLLOWING ALLERGIES:

CURRENT MEDICATIONS:

List any medications and doses that you are on, including over the counter, herbal supplements, and vitamins., especially aspirin, Plavix, coumadin / warfarin, Xarelto, Eliquis, other blood-thinners.

REPRODUCTIVE HISTORY:

Are you currently pregnant? YES☐. NO☐	Have you been pregnant within the last year? YES☐. NO☐	Are you currently breastfeeding? YES☐. NO☐

SKIN HISTORY – Do you have or have you ever had:

	Please circle one:		If yes, please explain:
Keloid Scars	YES	NO	
Hives	YES	NO	
Skin Cancer	YES	NO	
Waxing	YES	NO	
Diabetes	YES	NO	
Herpes or Cold Sores	YES	NO	
Electrolysis	YES	NO	
Skin Infections	YES	NO	
Tanning within the last 6 weeks	YES	NO	
Use of acne products or drugs	YES	NO	
Laser skin resurfacing	YES	NO	
Chemical Peels	YES	NO	
Photosensitizing substances*	YES	NO	

*Antibiotics, Diuretics, and Blood Pressure Medication are medications which can be photosensitizing substances. Retinol is a topical substance which can be photosensitizing.

Additional information you would like to share about your health history:

AGREED AND SIGNED:

I attest the above information to e true, knowing my practitioners rely on this information to provide the most wafe and effective treatment.

Print Name:

Signature:	Date: