

## Health History

Name

Email Address

Phone Number

1. Are you now or have you been under the care of a physician within the last two years? If yes, please provide the physician's name, address, and phone number. \*

Condition being treated:

2. List all medications you are currently taking, including Retin-A, Glycolic Acid, and Accutane. \*
3. Are you pregnant or nursing?
4. Have you consumed alcohol in the last 24 hours? \*
5. Do you use tobacco products? \*
6. Do you have any tattoos? \*
7. Do you bruise easily? \*
8. Do you have metal allergies or sensitivity? \*
9. Do you have problems healing? \*
10. Do you have keloid scars? \*
11. Do you use or have you used Accutane? \*
12. Do you tan? \*
13. Do you have any abnormal heart conditions? \*
14. Do you have or get cold sores? \*
15. Are you a hemophiliac? \*
16. Do you have high or low blood pressure? \*
17. Do you experience prolonged bleeding? \*
18. Do you have circulatory problems? \*
19. Do you suffer from dizzy spells or fainting? \*
20. Have you ever had cancer? \*
21. Have you ever been required to take antibiotics before undergoing a medical procedure? \*
22. Are you sensitive to creams or lotions? \*
23. Are you allergic to latex? \*
24. Are you allergic to hair dyes, makeup, foods or have any skin allergies? \*
25. Are you currently taking aspirin or ibuprofen? \*
26. Do you have oily skin? \*

27. Do you scar easily from minor injuries? \*
28. Are you currently under treatment for depression? \*
29. Have you ever undergone blepharoplasty (eyelid surgery)? \*
30. Do you have any autoimmune diseases? \*
31. Are you epileptic? \*
32. Are you diabetic?
33. Do you have hepatitis? \*
34. Are you anemic? \*
35. Have you experienced hypopigmentation? (lack of pigment) \*
36. Have you ever experienced hyperpigmentation from an injury? \*
37. Do you use Retin-A, Glycolic Acid or other exfoliating products regularly? \*
38. Do you have cosmetic fillers or botox? \*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_