



PATIENT MEDICAL AND HEALTH HISTORY

Today's Date: _____

Name: _____ D.O.B.: _____ Age: _____

What is the reason for your visit?

Have you ever been or are you currently under the care of a dermatologist or plastic surgeon? YES NO

If Yes, when and for what condition/treatment? _____

Health History:

Do you have or have you ever had: (If yes, please give date/further information)

- | | | | |
|-----------------------|--------------|----------------------------------|--------------|
| Cancer/Skin Cancer | YES NO _____ | Regular Sun/Tanning Bed Exposure | YES NO _____ |
| Diabetes | YES NO _____ | Photosensitive to Sunlight | YES NO _____ |
| Jaundice | YES NO _____ | Waxing/ Tweezing | YES NO _____ |
| Anemia | YES NO _____ | Electrolysis | YES NO _____ |
| Varicose Veins | YES NO _____ | Microdermabrasion | YES NO _____ |
| Fainting (Vasovagal) | YES NO _____ | Mental Illness | YES NO _____ |
| Heart Disease/Murmur | YES NO _____ | Laser Treatment | YES NO _____ |
| Embolism/Blood Clot | YES NO _____ | Tattoo or permanent make-up | YES NO _____ |
| Asthma | YES NO _____ | Chemical Peel | YES NO _____ |
| Sclerotherapy | YES NO _____ | | |
| Migraine Headaches | YES NO _____ | Botox/Dermal Fillers | YES NO _____ |
| High Blood Pressure | YES NO _____ | Vitiligo | YES NO _____ |
| Collagen Disease | | Herpes/Cold Sores/Sun Blisters | YES NO _____ |
| (Lupus, Scleroderma) | YES NO _____ | Keloid/Scarring | YES NO _____ |
| Chronic Skin Disorder | YES NO _____ | Use of Accutane for acne | YES NO _____ |
| Seizure Disorder | YES NO _____ | Liposuction | YES NO _____ |
| Neurological Disease | YES NO _____ | Pacemaker/Defibrillator/Implant | YES NO _____ |
| Immunological Disease | YES NO _____ | | |

Other _____

Surgeries you have had: _____

Do you smoke: YES NO Have you ever smoked: YES NO How much? _____ How long? _____

Are you pregnant or trying to get pregnant? YES NO

Current Medications/ Supplements: _____

Allergies to Medications: YES NO If yes, to what? _____

Environmental Allergies: YES NO If yes, to what? _____

Allergy to Latex: YES NO