



REJUVENIQUE

MEDICAL SPA

6769 N. Fresno Street, Suite 102 Fresno, CA 93710
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 www.rejuveniquemedicalspa.com

First Name _____ Initial _____ Last Name _____

Address _____ City _____ State _____ Zip Code _____

Home Phone No. _____ Cell Phone No. _____ e-mail _____

Birthday _____ Age _____
 Female **Check Appropriate Box:** Married Widowed
 Male Single Minor Divorced Separated

Whom may we thank for referring you? _____ Person to contact in case of an emergency? _____

MY MEDICATION RECORD

Bring a list any prescription medications, herbal remedies, vitamins, over the counter drugs, vaccines or any product designated by the FDA as a Drug.

MI REGISTRO DE MEDICAMENTOS

Apunte cualquier medicamento recetado, medicamentos ejemplar, remedies caseros, vitaminas, medicamentos sin recetas, Vacunas, cualquier producto designado por la FDA como una droga.

Allergies/Sensitivities } Alergias / Sensibilidades _____

Materials (Latex, etc.) } Materiales (Látex, etc.) _____

Medicine	Medicamentos	Type of Reaction	Tipo de reacción

Date / Fecha	Medicine / Medicamentos	What is it for / ¿Para qué lo usa?	Dose / Dosis	How Often / ¿CON QUÉ FRECUENCIA?	Prescribing Doctor / Médico que lo recetó

Signature _____

Date _____