

Health Information as of _____ (enter today's date)

(Please Print Legibly & Fill In or Correct All Fields)

Confidential Record: Please answer all questions to the best of your knowledge.

Name: _____ Reason for Visit: _____

Age: _____ Height: _____ Feet _____ Inches Weight: _____ Lbs.

Current Physician(s): _____

List all Surgeries or Illness (Hospitalization and the Date of Occurrence):

Circles Areas of Interest: Rhinoplasty, Facial Rejuvenation, Dark Circles Around the Eyes, Sagging Brow, Liposuction or excess fat (_____)areas, Abdomen, Breast, Wrinkling Skin, Skin Texture, Sagging Skin, Back, Buttock, Thighs, Laser, Botox, Juvederm, Restylane, Sculptra, Liposuction, Cheek Enhancement, Dark Circles, Chin Enhancement, Arms, Labia, Unwanted Hair, Other _____

Do you have or have you had any of the following: (circle for each, give date occurred if Yes)

Aids / HIV	No	Yes	Epilepsy / Seizures	No	Yes	Kidney Problems	No	Yes
Arthritis	No	Yes	Facial Pain	No	Yes	Weight gain or loss	No	Yes
Asthma	No	Yes	Fever Blisters	No	Yes	Sinus Problems / Infections	No	Yes
Bronchitis	No	Yes	Goiter / Thyroid	No	Yes	Stroke	No	Yes
Cancer	No	Yes	Hay Fever / Allergies	No	Yes	DVT or Blood Clots	No	Yes
Depression	No	Yes	Headaches / Migraine	No	Yes	Tuberculosis	No	Yes
Diabetics	No	Yes	Heart Trouble	No	Yes	Difficulty Scarring	No	Yes
Use Retin A	No	Yes	Use Sun Screen	No	Yes	Does your skin feel dry	No	Yes
Dizziness / Vertigo	No	Yes	Hepatitis	No	Yes	Drink Alcohol	No	Yes
Ear Infection	No	Yes	High Blood Pressure	No	Yes	Smoke	No	Yes

Do you have bleeding or bruising problems? No Yes If yes, describe: _____

Do you have any skin challenges you would like some assistance with? No Yes If yes, describe: _____

Do you have any history of problems with anesthesia? No Yes If yes, describe: _____

List the name of all medications you are presently taking or have taken within the last month. Please include the name of the drug, dosage and frequency.

List ALL drug and/or latex allergies.

The above information is accurate and complete to the best of my knowledge.
 Signature _____ Date _____