

Have you ever had: (check all that apply)

- Permanent Cosmetics/Tattooing
- Microdermabrasion
- Chemical/Acid Peel
- HydraFacial
- Dermalplaning
- Skin Bleaching
- Laser/IPL
- Laser Hair Removal
- Botox/Dysport
- Juvederm
- Restylane
- Radiesse
- Sculptra
- Other fillers

Are you interested in: (check all that apply)

- Permanent Cosmetics/Tattooing
- Microdermabrasion
- Chemical/Acid Peel
- Hydrofacial
- Dermalplaning
- Skin Bleaching
- Laser/IPL
- Laser Hair Removal
- Botox/Dysport
- Juvederm
- Restylane
- Radiesse
- Other fillers

Have you had any operations, including minor surgery or cosmetic surgery? _____

Have you had any reactions to anesthesia? If so, what? _____

Do you have any allergies to food or medications? If so, what? _____

Please list any medications you are currently on:

Have you ever had or do you currently have: (check all that apply)

- Asthma
- High Blood Pressure
- Hepatitis
- Blood clot
- Heart Disease
- Eye Problems
- Cold Sores/Fever Blisters
- Cancer

Do you bleed or bruise easily? _____

Have you used accutane? _____

For women:

Are you pregnant or nursing? ___ yes ___ no

Are you trying to get pregnant? ___ yes ___ no

Are you on hormone therapy? ___ yes ___ no

Is there any additional information that you may want to add that we may not have asked you previously?

I certify that I have read and understand the above information to the best of my knowledge; the above questions have been accurately answered. I understand that providing incorrect information can be dangerous to my health.

Date

Signature