BOTOX / DERMAL FILLER CLIENT INFORMATION AND MEDICAL HISTORY

In order to provide you with the most appropriate treatment, please complete the following questionnaire. *All information is strictly confidential.*

Name _____ Date Of Birth _____

Address _____

City _____ Province _____ Postal Code _____

Phone/Home _____ Work _____ Cell_____

E-Mail _____

Physician _____ Phone Number _____

Please Check Any Of The Following Illnesses you have had in the past:

___ Cancer	___ Diabetes	___ High Blood Pressure	___ Multiple Sclerosis
___ Herpes	___ Arthritis	___ HIV/AIDS	___ Parkinson's Disease
___ Frequent Cold Sores	___ Keloid Scaring	___ Skin Disease/lesions	___ Numbness
___ Seizure Disorder	___ Hepatitis / Type _____	___ Hormone Imbalance	___ Vision Problems
___ Thyroid Imbalance	___ Blood Clotting Problems	___ Any Active Infection	___ Muscle Weakness

List and/or explain any other medical conditions not listed above: _____

Any Previous Hospitalizations/Operations: _____

Any Previous Cosmetic Procedures: _____

Are you currently taking any prescription medication? _____

Are you currently taking any over the counter/herbal medication? _____

Any Allergies To Medication: _____

Any Allergies To Food: _____

Have you ever had an anaphylactic reaction? _____ If yes, explain: _____

WOMEN: Are you pregnant, trying to get pregnant, or lactating (nursing)? _____

Had BOTOX injections before?_____ Last Treatment _____ What Areas _____ Where you happy with your previous BOTOX treatments? _____ Explain _____

Had JUVEDERM injections before?_____ Last Treatment _____ What Areas _____ Where you happy with your previous JUVEDERM treatments? _____ Explain _____

I understand the information on this form is essential to determine my medical and cosmetic needs for the provision of treatment. I understand that if any changes occur in my medical history/health I will report it to the office as soon as possible. I have read and understand the above medical history questionnaire. I acknowledge that all an- swers have been recorded truthfully and will not hold any staff members responsible for any errors or omissions that I have made in the completion of this form.

_____ _____

Signature Date