MEDICAL FORM

HARRIET PAUL
AESTHETICS PRACTIONER

NAME _____ DATE OF BIRTH D D M M Y Y

ADDRESS _____

CITY / COUNTRY _____ POSTCODE _____ TIME _____

PHONE _____ MOBILE _____ DATE _____

EMERGENCY CONTACT _____

HISTORY

ARE YOU CURRENTLY RECEIVING ANY MEDICAL TREATMENT? ☐ YES ☐ NO IF SO PLEASE SPECIFY _____

HAVE A HISTORY OF : CHECK ALL THAT APPLY

- ☐ LIVER DISEASE
- ☐ FAINTING
- ☐ DIABETES
- ☐ CANCER
- ☐ HIGH BLOOD PRESSURE
- ☐ THYROID PROBLEMS
- ☐ KELOID SCARRING
- ☐ LAMBERT SYNDROME
- ☐ ALS
- ☐ HEART CONDITIONS
- ☐ ARE YOU USING CONTRACEPTION
- ☐ HERPES
- ☐ FREQUENT COLD SORES
- ☐ SKIN LESIONS
- ☐ HEPATITIS
- ☐ TYROID IMBALANCE
- ☐ HIV POSITIVE
- ☐ PARKINSONS
- ☐ ANY ACTIVE INFECTION
- ☐ MULTIPLE SCLEROSIS
- ☐ BIRTH CONTROL PILLS
- ☐ SEIZURE DISORDER
- ☐ BLOOD CLOTTING DISORDER
- ☐ OTHER

ARE YOU CURRENTLY PREGNANT ☐ YES ☐ NO ARE YOU CURRENTLY BREASTFEEDING ☐ YES ☐ NO

ARE YOU CURRENTLY TAKING ANY OF THE FOLLOWING

- ☐ ASPIRIN
- ☐ MOOD MEDICATION
- ☐ FISH OIL
- ☐ GARLIC
- ☐ LIQUORICE
- ☐ BLOOD THINNERS
- ☐ ANTI DEPRESSION MEDS
- ☐ OMEGA 3 FATTY FOODS
- ☐ GINGER
- ☐ FLAC SEED OIL
- ☐ HORMONES
- ☐ VITAMIN E
- ☐ GINKO
- ☐ CAYENNE
- ☐ LCoQ20

OTHER _____

HAVE YOU EVER HAD A REACTION TO THE FOLLOWING

- ☐ ANIMAL PROTEIN
- ☐ HYDROCORTISONE
- ☐ HYDROQUINONE
- ☐ FOOD
- ☐ ANAETHESTIC
- ☐ LATEX
- ☐ ASPIRIN
- ☐ EGGS
- ☐ OTHER

FACIAL HISTORY

WHAT BOTHERS YOU MOST ABOUT YOUR APPEARANCE?

_____

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PATIENT NAME

TREATMENT PROVIDER

DERMAL FILLER DATE

PLACE PRODUCT STICKERS BELOW

INDICATE TREATMENT AREAS BELOW WITH UNITS MLS USED

NEUROTOXIN DATE

PLACE PRODUCT STICKERS BELOW


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