FERRER & MONAGHAN VEIN AND AESTHETIC CENTER

# Medical History

**Name:** _____ **Date of Birth:** _____ **Age:** _____

**What concerns can we help you with today?**

| | | | |
|---|---|---|---|
| | Botox – to flatten & prevent wrinkles | | Brown Spots |
| | Facial Fillers – non surgical facial sculpting & deep wrinkle treatment | | Sun Damage |
| | Wrinkle Reduction | | Broken Capillaries |
| | Skin Toning, Pore Reduction | | Spider Veins |
| | Hair Removal | | Shaving Bumps/Ingrown Hair |
| | Acne | | |

**Other problems:** _____

_____

**Date of last physical:** _____ **Primary Care Physician:** _____ **Is your general health: Good Fair Poor**
**(please circle one)**

**Have you ever had any cosmetic procedures in the past? Please list with dates:** _____

_____

**Are you or have you experienced any weight changes? (explain)** _____

**Please list any allergies:** _____

**Please list all medications including herbal supplements & why you are taking them** (drug, dose, time of day, diagnosis for medication)

_____

_____

_____

**Medical Conditions and/or Prior Surgery:** _____

_____

**Have you ever had any of the following? (please check)**

| | | | |
|---|---|---|---|
| | Lupus or other auto-immune deficiency | | Diabetes |
| | Are you pregnant or nursing? | | Epilepsy |
| | Bleeding abnormalities | | Hepatitis |
| | Use of Accutane® or Retin-A within last 6 months | | Herpes Simplex or Fever Blisters |
| | Keloid or thick scarring | | HIV |
| | Psoriasis or Vitiligo | | Scars that turn white or brown (hypertrophic keloids) |
| | Acne or Cystic Acne | | Dark spots during pregnancy |
| | Varicose or Spider Veins | | Transplant anti-rejection medication |
| | Hirsutism (excessive hair growth) | | Waxing/plucking/electrolysis within 4 weeks |
| | Recent sun exposure | | Use of self-tanners |
| | Gold Therapy | | Pacemaker, Defibrillator or other implanted device |

**To the best of my knowledge, the information provided is true and accurate**

**Patient Signature:** _____ **Date:** _____

**Reviewed By:** _____ **Date:** _____

Rev – 1/2015