

Rejuvenate Medical Spa

Patient Information & Health History Form

So that our medical providers have the necessary health history information to provide you with quality care, we ask for your kind cooperation in filling out our patient information sheet.

Full name: _____ DOB: _____ Age: _____ Today's Date _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (home): _____ (cell) _____ (work) _____

Email address: _____

Marital Status (please circle): S M W D If married, spouse's name: _____

Employer or School: _____ Occupation: _____

Are you under a physician's care? (please circle) Yes No If yes, please explain: _____

Please list any medications, including prescriptions or over-the-counter medicines or vitamins that you are taking:

- | | |
|----------|--------------------------|
| 1. _____ | Reason for taking: _____ |
| 2. _____ | Reason for taking: _____ |
| 3. _____ | Reason for taking: _____ |
| 4. _____ | Reason for taking: _____ |
| 5. _____ | Reason for taking: _____ |
| 6. _____ | Reason for taking: _____ |
| 7. _____ | Reason for taking: _____ |
| 8. _____ | Reason for taking: _____ |

Please list any medications and/or environmental allergies you have and what reaction you have with each allergy:

Please list any surgeries you have had:

Do you smoke cigarettes?	Yes	No	<u>Women only:</u>		
Do you chew tobacco?	Yes	No	Are you pregnant?	Yes	No
Do you drink alcohol?	Yes	No	Are you planning a pregnancy?	Yes	No
Do you use recreational drugs?	Yes	No	Are you breastfeeding?	Yes	No
Do you drink caffeine?	Yes	No			
Do you go tanning in a tanning bed or booth?	Yes	No	If yes, how often?	_____	
When was the last time you tanned or were out in the sun for tanning purposes?	_____				
Do you use a self tanner or self bronzer?	Yes	No	If yes, how long ago?	_____	
Do you use a daily facial cleanser?	Yes	No	If yes, what brand?	_____	
Do you use a daily moisturizer?	Yes	No	If yes, what brand?	_____	
Do you use other skin care products?	Yes	No	If yes, what products?	_____	

Health History Information continued...

Have you had laser treatments before?	Yes	No	If yes, how long ago? _____
Have you had sclerotherapy treatment to leg veins before?	Yes	No	If yes, how long ago? _____
Have you had microdermabrasion before?	Yes	No	If yes, how long ago? _____
Have you had chemical peels before?	Yes	No	If yes, how long ago? _____
Have you had BOTOX® Cosmetic injections before?	Yes	No	If yes, how long ago? _____
Have you had dermal fillers before (Restylane, collagen, etc.)?	Yes	No	If yes, how long ago? _____

Do you have now, or have you ever had diseases or conditions of (please circle if yes):

Artificial Joint	Hepatitis	Autoimmune Disease
High Blood Pressure	HIV or AIDS	Rosacea/Eczema/Psoriasis
Blood Clots	Phlebitis (Inflammation of the Vein)	Sensitive Skin
Irregular Heart Beat	Convulsions or Epilepsy or Seizures	Lung Disease or Asthma
Diabetes	Pacemaker	Depression/Anxiety
Cancer _____	Heart Attack	Thyroid Disorder
Cold Sores (Herpes Simplex Virus)	Genital Herpes (Herpes Simplex Virus)	Chronic Headaches

Your skin type is also defined by its level of oil production and its pore size. Mark the description (below) that most closely matches your skin:

- _____ **Dry skin type.** Your skin feels dry after washing, even with water only. You have small pores on your whole face, and rarely have blemishes. Your skin often feels tight and sensitive.
- _____ **Normal skin type.** Your skin feels fine if you use a mild cleanser, and you rarely have blemishes. You can see larger pores along your T-zone (the area from your forehead down over the nose and on your chin), and sometimes you get clogged pores (blackheads) there.
- _____ **Combination skin type.** Your T-zone (the area from your forehead down over the nose and on your chin) is oily, with larger pores that are visible. This area, especially the nose and chin, has occasionally blemishes and gets clogged pores. However the outer areas of your cheeks and forehead is dry, maybe even flaky when you use a cleanser strong enough to remove the oil on your T-zone.
- _____ **Oily skin type.** You have a lot of oil on your face, and pores that are visible even on your outer cheeks. You need a strong cleanser to control the oil. Your face will be shiny by the end of the day. You get clogged pores (blackheads) easily, and will break out if you do not clean your skin daily.

How did you hear about us?

Please indicate by placing a checkmark next to the referral source. Please indicate name if applicable. Thanks!

- | | |
|--|---|
| <input type="checkbox"/> Newspaper _____ | <input type="checkbox"/> Yellow Pages/Phone Book |
| <input type="checkbox"/> Radio _____ | <input type="checkbox"/> Website Search |
| <input type="checkbox"/> TV _____ | <input type="checkbox"/> Facebook/Social Networking |
| <input type="checkbox"/> Magazine _____ | <input type="checkbox"/> Drove By |
| <input type="checkbox"/> Friend/Relative _____ | |
| <input type="checkbox"/> Other _____ | |