South Bay Plastic Surgeons

MEDICAL SPA
HEALTH QUESTIONNAIRE

Name_____ DOB_____ Age_____

Skin Care Concerns: _____

Describe past surgeries and include dates: _____

List all current daily medications (include vitamins, herbs, and over-the-counter medicines):

_____ _____ _____

_____ _____ _____

List all allergies and reactions:_____

Please answer the following questions regarding your medical history:	Yes	No
Have you taken Accutane in the last 6 months?	□	□
Are you currently using Tretinoin or Retin-A?	□	□
Do you take oral birth control or other hormonal supplements?	□	□
Are you pregnant/breast feeding or attempting pregnancy?	□	□
Do you have Herpes Simplex or cold sores?	□	□
Do you have any skin disorders?	□	□
Have you had any recent dental work?	□	□
Do you regularly take Aspirin, Motrin, Omega 3, Vitamin E, or steroids?	□	□
Do you have any muscle or nerve conditions (such as amyotrophic lateral sclerosis, myasthenia gravis, or Lambert-Eaton syndrome)?	□	□

Have you received the following treatments in the past?

Botox	Yes	No	Areas treated/last treatment?_____
Fillers	Yes	No	Areas treated/last treatment?_____
Facials/Peels	Yes	No	Please specify:_____
Laser	Yes	No	Type of laser treatment: IPL, laser hair removal, laser vein, CO2, Fotofacial

Please describe any negative reactions to previous procedures or products:

_____

Which skin care products are you currently using?_____

Please describe your skin's most common reaction to sun exposure:

_____ Always burns, never tans
_____ Usually burns, tans minimally
_____ Sometimes mild burn, tans uniformly
_____ Burns minimally, always tans well
_____ Very rarely burns, tans very easily
_____ Never burns, never tans

I certify that I have disclosed my medical history to the best of my knowledge.

_____ _____

Patient Signature Date Provider Signature Date

For Provider use only:

Patient RX approved for (circle): Bot. Toxin A / Filler / laser / Latisse / HQ4% / tret / ALL

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