Aesthetica Cosmetic & Laser Surgery Center PATIENT HISTORY

Patient Name:	Date:	Age :
Main Concern:	Referring doctor:	
MEDICATIONS: Anticoagulants (ex. ASA, ibup	rofen, Coumadin, Xarelt	o, etc)
Prescription:		
Non-Prescription:		
Supplements/Vitamins (including Fish Oil):		
SKIN CARE:		
ALLERGIES:LidocaineNovocainFood AllergiesSeasonal/EnvironmentalOther Allergies	P.H.:Smoking: # Alcohol: ho	
MEDICAL HISTORY: (please check what appleHypertensionHeart Murmur Heart Arrhythmias (ex, A-fib, palpitations) HIV Exposure Prophylactic Antibiotics HX Abnormal Bleeding, Bruising, Scarring Pacemaker or ICD Implant Skin Cancer: Type Location Gold Therapy Metal Implants (Location) Tanning HX: Type Year Natural Tanning # of exposures Artificial Tanning # of exposures SURGERIES: (Cosmetic and Other) SURGERIES: (Cosmetic and Other) Interpretation on the supplementary and the supplementary an	DiabetesHX Hepatitis (TypeEpilepsy or seizuGI disorderHerpes Simplex VWear contactsGlaucoma, CataraMenopause: # of yOther medical collisted:Permanent/Cosme	res irus (Cold Sores) cts, or dry eyes rears condition(s) not etic Tattoo e Year
of my knowledge.		2.1.2 1.2 00
Patient/Legal Guardian:	Date:	