Vita Sana Clinic

Medical History & Questionnaire

Name: _____ Age: _____ Date of Birth: ___/___/___ Gender: M F

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

Telephone: Home: _____ Work: _____ Cell: _____

E-mail: _____ How did you hear about us? _____

In case of emergency, whom should we contact? _____ Phone: _____

Medical History

Have you ever had (please check all that apply):

☐ Heart disease/Heart attack ☐ Diabetes ☐ History of Cancer

☐ Chronic skin conditions ☐ Lupus ☐ HIV or AIDS

☐ Hypertension ☐ Epilepsy ☐ Endocrine or hormone disorder

☐ Heart pacemaker or defibrillator ☐ Hepatitis ☐ Planning, current or recent pregnancy

List any active medical problems you have: _____

List any medications you currently take: _____

List any medication allergies you have: _____

Are you allergic to any numbing agents? _____ Are you allergic to latex? _____ Smoke? _____

Surgical History

List any operations you have had with year:

1. _____ 2. _____ 3. _____

Dermatologic History

Have you ever had (please check all that apply):

☐ Varicose or spider veins ☐ Self tanner ☐ Laser skin resurfacing

☐ Photosensitivity ☐ Herpes simplex or cold sores ☐ Chemical peel

☐ Keloid or hypertrophic scar ☐ Accutane use for acne ☐ Botox®, Dysport® or Xeomin® injection

☐ Pigmentation disorder ☐ Antibiotic use regularly ☐ Injection of collagen or other dermal filler

☐ Recent waxing or plucking ☐ Electrolysis or threading ☐ Recent sunburn or tan (include tanning bed)

What is your ethnic background? _____

When exposed to the sun, do you usually: ☐ Always burn, never tan ☐ Burn easily, tan poorly ☐ Tan after initial burn

☐ Burn minimally, tan easily ☐ Rarely burn, tan darkly easily ☐ Never burn, always tan darkly

List any special skin care products you use including retin-a, retinol, anti-aging products:

_____

Client Signature: _____ Date: _____

Parent or Guardian (if Patient is under 18 years of age): _____