**BOTOX / DERMAL FILLER CLIENT INFORMATION AND MEDICAL HISTORY**

In order to provide you with the most appropriate treatment, please complete the following questionnaire. *All information is strictly confidential.*

Name _____Date of Birth_____

Please Check Any Of The Following Illnesses you have had in the past:

| | | |
|---|---|---|
| ___ Cancer | ___ Thyroid Imbalance | ___ Hepatitis / Type _____ |
| ___ Herpes | ___ Diabetes | ___ Blood Clotting Problems |
| ___ Frequent Cold Sores | ___ Arthritis | ___ High Blood Pressure |
| ___ Seizure Disorder | ___ Keloid Scarring | ___ HIV/AIDS |
| ___ Skin Disease/lesions | ___ Hormone Imbalance | ___ Any Active Infection |
| ___ Multiple Sclerosis | ___ Parkinson's Disease | ___ Numbness |
| ___ Muscle Weakness | | |

List and/or explain any other medical conditions not listed above:_____

Any Previous Hospitalizations/Operations:_____

AnyPreviousCosmeticProcedures:_____

Are you currently taking any prescription medication?_____ Are you currently taking any over the counter/ herbal medication? _____

Any Allergies To Medication:_____ Any Allergies To Food:_____ Have you ever had an anaphylactic reaction? _____ If yes, explain:_____

**WOMEN:** Are you pregnant, trying to get pregnant, or lactating (nursing)?_____

Had **BOTOX** injections before?_____ Last Treatment _____ What Areas _____

Were you happy with your previous BOTOX treatments? _____ Explain_____Had **JUVEDERM** injections before?_____ Last Treatment _____ What Areas _____

Were you happy with your previous **JUVEDERM** treatments?_____

I understand the information on this form is essential to determine my medical and cosmetic needs for the provision of treatment. I understand that if any changes occur in my medical history/health I will report it to the office as soon as possible. I have read and understand the above medical history questionnaire. I acknowledge that all answers have been recorded truthfully and will not hold any staff members responsible for any errors or omissions that I have made in the completion of this form.

Signature_____ Date _____