

Healthy Skin Centre

Last/ Family Name: _____ First/Given Name: _____

Birthdate (Day) _____ (Month) _____ (Year) _____ Sex: (M) _____ (F) _____

Care Card # _____

Marital Status: _____ Name Of Spouse: _____

Occupation: _____

Street Address: _____ Apt# _____

City: _____ Postal Code: _____

Home Phone # _____ Business Phone # _____

Cell Phone # _____ Email Address: _____

Person to Contact In Case Of Emergency: _____

Please Indicate The Methods Of Contact You Prefer:

Mail Email Cell Phone Home Phone Business Phone

Past Medical History:

Major Illnesses (e.g. cancer, diabetes, pacemaker, etc.) _____

Surgical History: _____

Medications and natural supplements: _____

Allergies: _____

Do You Get Cold Sores? Yes

Do You Have Any Chronic Skin Conditions? Yes

Do You Have A History Of:

- | | |
|---|--|
| <input type="checkbox"/> Rheumatoid Arthritis | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> Lupus | <input type="checkbox"/> Anticoagulant Use |
| <input type="checkbox"/> Polymyositis | <input type="checkbox"/> Accutane Use |
| <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Hiv |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Hepatitis B or C |

Are You Taking Aspirin Or Anticoagulant? _____

Unit 310, 223 Nelson's Crescent, New Westminster, BC V3L 0E4

Phone: 604.553.7546

www.healthyskincentre.com

Healthy Skin Centre

You may not have botox or fillers if you are pregnant, breastfeeding, or three months delivery.

Are you using any facial creams containing Retinoic Acid? (e.g. Tazorac): YES _____

Are you taking Minocin? YES

Do you suffer from: Chronic Headaches
 Hyperhidrosis (excessive sweating)

Have you previously had: Facial fillers Microdermabrasion
 Botox Laser hair removal
 Facial Surgery Laser Skin Rejuvenation
 Permanent filler/implants Laser Skin tightening

Do you have: White/Blackheads Rosacea Moles
 Eczema Age Spots Acne
 Psoriasis Warts Hyper/hypopigmentation
 Spider Veins

Have you ever had a bad reaction to Fillers or Botox? YES NO N/A

Facial skin products currently being used: _____

How Did You Hear About Our Medspa?

Doctor's Referral (print name): _____

Friend/Current Patient (print name): _____

Attended Seminar (print date/location): _____

Article/Advertisement (indicate publication): _____

Other (please explain): _____

General Information

Current Family Physician: _____

I have read and understand all of the above information and have answered the questions accurately and honestly to the best of my ability.

Signature: _____ **Date:** _____