Camelback Women's Health

Cosmetic Services Health History

What service(s) are you interested in today? _____

Please check if you have a history of the following:

❒ Acne or Rosacea	❒ Chronic Skin Conditions	❒ Herpes/Cold Sores/Fever Blisters
❒ Very Sensitive Skin	❒ Melanoma or skin cancer	❒ Pacemaker/Defibrillator
❒ Easy Bruising	❒ Keloid Formation/Scarring	❒ Endocrine/Hormone Issues (Diabetes)
❒ Pigmentation Disorder	❒ Heart Condition	❒ Hepatitis or HIV
❒ Currently Pregnant	❒ Currently Breastfeeding	
❒ Other: _____		

Please list any diseases/illnesses you are currently being treated for:

_____

_____

Please circle Y or N if you have you ever used or currently using:

Retin-A	Yes	No	Date Last Used: _____
Accutane	Yes	No	Date Last Used: _____
Acne Medication	Yes	No	Date Last Used: _____
Antibiotics	Yes	No	Date Last Used: _____
Motrin/Advil/Aspirin	Yes	No	Date Last Used: _____
Fish Oil	Yes	No	Date Last Used: _____
Coumadin/Heparin	Yes	No	Date Last Used: _____
Do you smoke?	Yes	No	Date Last Used: _____

Please list all the medications, vitamins, and supplements you are currently taking:

_____

_____

Please any food, medication, or latex allergies here: (if none, write none)

_____

_____

What cosmetic procedures you've had done in the past:

Botox/Dysport	Yes	No	Last:_____	Permanent Make-Up	Yes	No	Last:_____
Dermal Filler	Yes	No	Last:_____	Laser Treatments	Yes	No	Last:_____
Microdermabrasion	Yes	No	Last:_____	Leg vein treatment	Yes	No	Last:_____
Chemical Peels	Yes	No	Last:_____	Facial Surgery	Yes	No	Last:_____
Tanning	Yes	No	Last:_____	Other procedure	Yes	No	Last:_____
Spray Tan/Bronzers	Yes	No	Last:_____				

I certify I have answered the above questions regarding my medical history honestly and truthfully to the best of my ability. I understand Camelback Women's Health personnel must rely on statements/disclosures made by me about my medical history and other information about me to determine whether to recommend and proceed with procedures.

_____ _____

Patient Signature Date

_____

Camelback Women's Health Representative