



Medical Aesthetics + Medical Clearance Exam

Personal Information

Name		DOB	Date
Address		AGE	
Phone	Occupation		
Email			
How did you hear about us?			
Primary Physician Name		Phone	

Medical History

List any medications including vitamins you are currently taking: _____

List all allergies: _____

Please check all that apply.

<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Lupus	<input type="checkbox"/> Autoimmune Disease	<input type="checkbox"/> Cold Sores/Fever Blisters
<input type="checkbox"/> Beef/Dairy Allergy	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Eye Disease	<input type="checkbox"/> Keloid Formation
<input type="checkbox"/> Sensitivity/Allergy to Lidocaine	<input type="checkbox"/> Parkinson's Disease	<input type="checkbox"/> Lambert-Eaton Syndrom	<input type="checkbox"/> Amyotrophic Lateral Sclerosis
<input type="checkbox"/> Neurological Disorders	<input type="checkbox"/> Myasthenia Gravis	<input type="checkbox"/> Hypersensitivity to medications	<input type="checkbox"/> Cardiac Disorders
<input type="checkbox"/> Severe Allergy/Anaphylaxis	<input type="checkbox"/> Porphyria	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Cancer
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Low Blood Pressure	<input type="checkbox"/> Diabetes

List any medical conditions not listed on the previous page and explain.

List any cosmetic procedures you have had in the past. This includes history of fillers, botox, pdo threading, plastic surgery, or any cosmetic reconstruction.

Are you pregnant or lactating? Yes No

Are you trying to get pregnant? Yes No

I certify that the preceding medical, medication, and personal history statements are true and correct. I am aware that it is my responsibility to inform the doctor or other professional of my current medical or health conditions and to update this history. I agree to waive all liability towards Nikki Roberts aesthetics & wellness for injuries or damages incurred due to the misrepresentation of my health history.

Signature

Date