Nouveau Medispa Medical History Form

Name: _____ Date: _____

Address:_____City/State/Zip:_____

Home phone:_____ Cell phone:_____

Email address:_____ DOB: _____ Age:_____

Referred by: Doctor_____ Friend: _____Other (list):_____

Employer:_____ Profession:_____

Daily Medications including herbs:_____

Current skin care products:_____

General (please circle any that apply)

Allergies_____
- ☐ Cold Sores/Shingles/Herpes
- ☐ Pacemaker/Metal Implant
- ☐ Diabetes
- ☐ Heart Disease
- ☐ High/Low Blood Pressure
- ☐ Allergy Lidocaine
- ☐ Asthma/Difficulty breathing
- ☐ HIV/AIDS
- ☐ Depression
- ☐ Thyroid disorder
- ☐ Seizures
- ☐ Neck/Back Pain
- ☐ Allergy Epinephrine
- ☐ Skin or Nail Infections
- ☐ Smoker
- ☐ Anxiety/Panic
- ☐ Kidney Disease
- ☐ Fibromyalgia
- ☐ Neuro-muscular disease

Other (list):_____

Other (please circle any that apply)

- ☐ Excess pigment/freckles
- ☐ Thick or keloid scars
- ☐ Acne/cystic acne
- ☐ Rosecea
- ☐ Lack of pigment
- ☐ Skin reaction to treatments
- ☐ Skin cancer
- ☐ Broken capillaries
- ☐ Eczema, psoriasis or rashes
- ☐ Melasma/Mask of pregnancy
- ☐ Accutane when:_____

Previous Treatments (please circle any that you have had)

- ☐ Botox/Dysport
- ☐ Radiesse
- ☐ Intense Pulsed Light
- ☐ Permanent make-up
- ☐ Restylane/Perlane
- ☐ Other fillers
- ☐ Laser/light treatment
- ☐ Retin-A/Renova Use
- ☐ Juvederm
- ☐ Chemical Peel
- ☐ Microdermabrasion
- ☐ Thermage

Fitzpatrick Skin Typing: Please select the description that best explains the way your skin responds to the sun after 15 minutes of unprotected exposure:

- ☐ Always burns, never tans (Type One)
- ☐ Always burns, uneven tan & freckles (Type Two)
- ☐ Sometimes burns, always tans (Type Three)
- ☐ Rarely burns, always tans (Type Four)
- ☐ Never burns, deeper tan (Type Five)
- ☐ Never burns, increased tan (Type Six)

Date of recent sun tanning or tanning beds:_____ Use of self tanner: yes/no

Check the following treatments you are interested in knowing more about:

- ☐ Fillers
- ☐ Facials
- ☐ Vein Removal
- ☐ Thermage
- ☐ Botox/Dysport
- ☐ Make-up
- ☐ Products
- ☐ Pixel
- ☐ Hair removal
- ☐ Chemical Peels
- ☐ Waxing
- ☐ Microdermabrasion
- ☐ Massage
- ☐ Intense Pulsed Light
- ☐ Fitness/Weight Management
- ☐ Cosmetic Surgery

Exilis

Coolsculpting

Check the following conditions that you would like to correct:

- ☐ Dryness
- ☐ Irritated Skin
- ☐ Enlarged Pores
- ☐ Sagging skin
- ☐ Aging
- ☐ Sensitive Skin
- ☐ Acne
- ☐ Other:_____
- ☐ Spots/sunspots
- ☐ Melasma
- ☐ Oily Skin
- ☐ Rosacea
- ☐ Rough Skin Texture
- ☐ Wrinkles

The practice of a medispa is not an exact science. Although good results are expected, there is not a guarantee or warranty expressed or implied as to the results that may be obtained. There are variable conditions, risks and potential complications that may influence long-term results from treatments. Your doctor, nurse or aesthetician may provide you with additional or different information that is based on all facts in your particular case or state of medical knowledge. Informed consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and practice patterns evolve. With my consent, Nouveau Medispa may use or disclose protected health information about me to carry out treatment. You have the right to refuse to sign or revoke an authorization to disclose your protected health information. I authorize them to call or send mail to my designated location(s). I further understand that any changes in my health history should be updated immediately by me. I will follow all pre and post care instructions for my treatments.

Signature _____ **Date**_____

Photograph consent and release form: I, the undersigned, do hereby agree to the following. I am allowing Nouveau Medispa to take photos of my treatment and/or treated areas to be used for the purpose of monitoring my progress and clinical chart documentation, education and/or advertising.

Signature_____ **Date**_____

Witness:_____