

SIX ZONES

Botox & fillers



REBECCA A. PAPPALARDO, MD

PATIENT MEDICAL HISTORY (please print)

Date: _____

Name: _____

Address: _____

Telephone:

(HOME) _____

(CELL) _____

Emergency Contact:

(NAME) _____

(CELL) _____

Email address (WILL NOT BE SHARED) _____

How do you prefer to be reached? Email or Telephone _____

Occupation: _____

How did you hear about us? _____

What brings you in today?

Botox Dermal Fillers Both Undecided

Medical History: (X) TO ALL THAT APPLY

- High blood pressure
- Heart attacks
- Strokes
- Breathing problems: asthma, bronchitis, COPD, sleep apnea
- Liver (Hepatitis A,B,C), Cirrhosis
- Kidney
- Thyroid
- Diabetes Type (I) _____ Type(II) _____
- Cancer: _____
- Neuromuscular: (Myasthenia Gravis, ALS, Eaton Lambert Syndrome, others)
- Other: _____

SIX ZONES

Botox & fillers



REBECCA A. PAPPALARDO, MD

Past Surgical History: _____

List your medications and any herbal or natural supplements: _____

Allergies (foods, medications, latex): _____

Do you smoke? How much? _____

Do you drink alcohol? How much/often? _____

Do you do any illicit drugs? _____

Have you taken Accutane or are you on blood thinners? _____

Name and last dose taken _____

Any hx of cold sores, fever blisters, Herpes I or II? _____

If yes when was your last outbreak? _____

Are you pregnant or nursing? _____

When was your last menstrual period? _____

Regular Irregular Post-menopausal

Any hx of hyper/hypo pigmentation? _____

Any hx of keloid scarring? _____

Have you had any skin treatments:

Laser Microdermabrasion Chemical peels Injections

Date: _____

SIX ZONES

Botox & fillers



REBECCA A. PAPPALARDO, MD

Have you had any sun exposure within last 4-6 weeks, including tanning beds, tanning/bronzing creams, or spray-on tan?

What are your goals for your skin and looks? _____

Skin Type:

- Normal Dry Oily Acne Large pores
 Melasma Hyper-pigmentation Broken capillaries

Natural hair color: _____

Eye color: _____

Patient Signature: _____ Date: _____

Physician Signature: _____ Date: _____