ONE SKIN CLINIC
MEDICAL AESTHETICS

MEDICAL QUESTIONNAIRE PRIOR TO BOTULINUM TOXIN & DERMAL FILLER TREATMENTS

Patient Name: …… DoB: ……..

Date: ……

Please answer the following:	**YES**	**NO**	**Please Specify:**
Do you have any Current health Problems?			
Past medical History?			
Previous Medical/Aesthetic Surgery (including dermal fillers, Botox, skincare programmes)			
Do you have any muscular or neurological disorder?			
History of thrombosis (blood clot in blood vessels) , bleeding disorders, excessive bruising?			
Skin conditions, pigmentation, scarring?			
History of Cold sores?			
Referred/Under the care of psychologist, Psychiatrist or counsellor?			
Medications (including topical creams) Aspirin, blood thinning tablets, high dose vitamin E, high dose omega 3, certain (aminoglycoside) antibiotics, muscle relaxant such as tubocuraine			
Known allergies? Including allergic reactions to latex, dermal fillers, Botulinum toxins, anaesthesia (including topical)			
Recent sun exposure, use of sun beds/tanning?			
Are you Pregnant/Breast feeding?			
Do you smoke? If yes how many cigarettes a day?			
Anything else you may think might be relevant?			

I confirm that the health history is accurate and complete. I understand that withholding any information may be detrimental to my health during the procedure. If there is any change in my medical history, it is my responsibility to inform the team at One Skin Clinic.

Patient Signature : …… Date: ……..

Practitioner Signature : …… Date: ……