RENEW
Esthetics & Med Spa
Advanced Skin and Body Solutions

Medical History

Name_____ Address_____

City_____ State_____ Zip_____

Email_____

Home phone_____ Work/Cell Phone _____

Primary Physician's Name_____ Phone #_____

DOB _____ Age _____

Please list all medications you are currently taking:

Are you allergic to Cows protein? ____ Are you allergic to Bee stings? ____

Please List all other allergies:

Are you on Antibiotics at this time? ____

Check any of the following illnesses you have or have ever had in the past:

- ☐ Myasthenia Gravis
- ☐ Autoimmune Disease
- ☐ Muscle Weakness
- ☐ Amyotrophic Lateral Sclerosis (ALS)
- ☐ Hepatitis
- ☐ Vision Problems
- ☐ Multiple Sclerosis
- ☐ Neurological Disorders
- ☐ Lambert-Eaton Syndrome
- ☐ Eye Disease
- ☐ Stroke
- ☐ Numbness

List and/or Explain Other Medical Conditions not listed above:

RENEW
Esthetics & Med Spa
Advanced Skin and Body Solutions

Previous Hospitalizations/Operations:

WOMEN: Are you Pregnant, Trying to get Pregnant, or Lactating (nursing)?

Have you had Plastic Surgery or other surgery to your face/neck areas?

If so, when?

Have you had Neuromodulator injections before? _____

Last treatment? _____ What Areas? _____

Were you happy with previous treatments? _____
Explain:

Have you ever had eyelid/eyebrow droop after treatment? _____

Do you show a lot of upper eye lid when eyes are open? _____

Do your eyelids feel extra heavy when you don't get enough sleep? _____

Do your eyelids droop without sleep? _____

Areas of special concern to you?

I understand the information on this form is essential to determine my medical and cosmetic needs and the provision of treatment. I understand that if any changes occur in my medical history/health I will report it to the office as soon as possible. I have read and understand the above medical history questionnaire. I acknowledge that all answers have been recorded truthfully and will not hold any staff member responsible for any errors or omissions that I have made in the completion of this form.

Patient Signature_____ Date_____

Submit