



MEDICAL HISTORY

Name _____ Personal Health Number _____

Date of Birth (M/D/Y) _____ Sex M _____ F _____

Address _____ City _____ Province _____

Postal Code _____ Email _____

Phone (home) _____ Work _____ Cell _____

How would you prefer us to contact you? _____

Occupation _____

Emergency contact _____ relationship _____

Phone number for emergency contact _____

Family Physician _____

Drug allergies _____

Past illness / surgeries _____

List all current medications (include aspirin, ibuprofen, birth control, laxatives, etc.)

Do you smoke? _____ How many per day? _____

How did you hear about Viva Medical Aesthetics?

Word of mouth _____ **Website** _____ **Print Ad** _____ **Bus Ad** _____ **Facebook** _____ **Other** _____

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DO YOU HAVE A HISTORY OF...?

Anemia	Yes	No
Local anesthetic sensitivity	Yes	No
Keloids (large bumpy scars)	Yes	No
Anticoagulant therapy or bleeding tendency	Yes	No
Heart disease (rheumatic fever, pacemaker, angina, irregular pulse)	Yes	No
Epilepsy, stroke, fainting	Yes	No
Treatment for alcohol or drugs	Yes	No
Diabetes	Yes	No
High blood pressure	Yes	No
Asthma or respiratory disease	Yes	No
Infectious disease (herpes, cold sores, hepatitis, HIV, etc.)	Yes	No
Liver or kidney disease	Yes	No
Are you pregnant or breast feeding?	Yes	NO
Do you plan to become pregnant in the next 2 years?	Yes	No
Have you taken Accutane in the last 6 months?	Yes	No

To determine your skin type, check one of the following:

TYPE	COLOUR	REACTION TO FIRST SUN EXPOSURE YEARLY
_____ I	White	Always burns / never tans
_____ II	White	Usually burns / tans with difficulty
_____ III	White / Asian	Sometime mild burn / average tan
_____ IV	Moderate brown	Rarely burns / tans with ease
_____ V	Dark Brown	Very rarely burns / tans very easily
_____ VI	Black	Never burns

Signature _____ Date _____