Medical / Cosmetic Questionnaire + Patient Registration Form:

|  |  |
| --- | --- |
| Patient Name: |  |
| D.O.B. |  |
| Mobile: |  |
| Address: |  |
| Email: |  |
| GP / Family Practice: |  |
| Emergency Contact: |  |
| Emergency Ph: |  |

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Proceduralist:** Dr Hisam Zraika

**Clinic:** Blossom Cosmetics (Myelin Health Pty Ltd)

Relevant medical history: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| \*\*Allergies: |  |

Other Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **PLEASE TICK if these apply** | Yes | No | Details |
| Allergy to Anaesthetics OR adrenaline  *(i.e. lidocaine)* |  |  |  |
| Prev. Botox / Filler Hx. |  |  |  |
| Neurological disorders *(myasthenia gravis / eaton lambert / MS / weakness undiagnosed)* |  |  |  |
| Active autoimmune dx. *(RA, SLE, Hashimotos)* |  |  |  |
| Pregnancy or current IVF (if applicable)? |  |  |  |