



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

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