

Health Information
(Please Print Legibly & Fill In Correct Fields)

Confidential Record: The information contained here will not be released unless you have authorized us to do so. Please answer all questions to the best of your knowledge.

Name: _____ Date of Birth _____

Age: _____ Height: _____ Feet _____ Inches _____ Weight: _____ Lbs. _____

Current Physician(s): _____ Home Address: _____

Race: circle below

African American Asian Caucasian Hispanic American Indian

Preferred Language: _____

Ethnicity: circle below

Hispanic Origin Not of Hispanic origin

Marital Status Single Married Emergency Contact: _____

List all Surgeries (Hospitalization and the Date of Occurrence):

List any Serious Illnesses and/or Accidents:

Do you have or have you had any of the following: (circle for each, give date occurred if Yes)

Acne	No	Yes	Herpes: Type _____	No	Yes	Rheumatoid Disease	No	Yes
Aids / HIV	No	Yes	Implant: Type _____	No	Yes	Sinus Problems / Infections	No	Yes
Arthritis	No	Yes	Lupus	No	Yes	Skin Cancer	No	Yes
Artificial Joint	No	Yes	Melanoma	No	Yes	Sun Sensitivity	No	Yes
Diabetics	No	Yes	Mitral Valve Prolapse	No	Yes	Transfusions	No	Yes
Eczema	No	Yes	Pace Maker	No	Yes	Ulcers	No	Yes
Heart Trouble	No	Yes	Pre-Cancerous Lesions	No	Yes	Vitiligo	No	Yes
Heart Valve	No	Yes	Psoriasis	No	Yes	Other		
Hepatitis	No	Yes	Rash / Allergic skin reaction	No	Yes			

Do you smoke? No Yes If yes, how much? _____ Pack(s)/day How long? _____ Years

Do you drink alcohol? No Yes If yes, how much? _____ How often? _____

Family History of Skin Cancer? No Yes If yes, who? _____

Do you use recreational drugs? No Yes If yes, describe: _____

Do you have bleeding or bruising problems? No Yes If yes, describe: _____

Do you have problems with scarring? No Yes If yes, describe: _____

Do you have any history of problems with anesthesia? No Yes If yes, describe: _____

List the name of all medications you are presently taking or have taken within the last month. Please include the name of the drug, dosage and frequency.

List **ALL** drug allergies.

The above information is accurate and complete to the best of my knowledge.

Signature _____ **Date** _____