Van Dyke AESTHETICS

5206 North Scottsdale Road
Paradise Valley, AZ 85253
480.948.5045
www.vandykeaesthetics.com

TELL US YOUR INTEREST/CONCERNS?

Circle all that apply

Voluma	Ultherapy	Volume Loss	Sweat
Fillers	Thermage Body	Wrinkles	Cellulite
Sculptra	CoolSculpting	Sun Damage	Stretch Marks
Botox/Dysport	Laser Hair Removal	Precancers	Body Contouring
Kybella	miraDry Sweat Reduction	Pigment	Skin Rejuvenation
Active Fx	Intense Pulse Light/IPL	Redness/Facial Veins	Skin Laxity
Fraxel	Skin Care	Pore Size	
Clear and Brilliant		Acne	

HISTORY OF…	YES	NO	WHEN WAS MOST RECENT TREATMENT/EPISODE?
Facial surgery			
Facial implants			
Skin cancers			
Skin pre-cancers			
Cold sore/fever blister			
Pacemaker			
Internal medical device			
Skin sensitivity to light			
Fillers			
Botox/Dysport			
Laser			
Chemical peel			

TELL US YOUR CURRENT SKIN CARE REGIMEN:

WITH EXTENDED SUN EXPOSURE DO YOU….				
Always burn	Burn then tan slowly	Occasionally burn, tan well	Rarely burn tan deeply	Never burn

Printed Name: _____ Date:_____

3/10/2017-nct/kc

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Patient Medical History

AGE		**HEIGHT**		**WEIGHT**	
Check all that apply					
Blood transfusions		Heart disease		HIV	
Glaucoma		Diabetes		Bleeding tendency	
Dry eyes		High blood pressure		Keloids	
Lung disease		Heart attack		Abnormal scarring	
TB		Stroke		Difficulty healing	
Asthma		Rheumatoid Arthritis		History of taking Accutane	
Wheezing		Scleroderma		Problems with anesthesia	
Emphysema		Lupus		Epilepsy	
Bronchitis		Depression		Heart burn	
Irregular Heart Beat		Hepatitis B		Gum Disease	
Chest pain		Hepatitis C		Cold Sensitivity	
OTHER					

SURGERIES: YES/NO
IF YES, LIST:

MEDICATIONS: YES/NO
IF YES, LIST:

OVER THE COUNTER MEDICATIONS/VITAMINS/SUPPLEMENTS:YES/NO
IF YES, LIST:

ALLERGIES:YES/NO
IF YES, LIST:

SMOKE: YES/NO _____ PACKS PER DAY FOR ____YEARS

I acknowledge that I have disclosed my complete medical history and the above is a complete and accurate representation of my medical status.

Signature:_____

Printed Name: _____Date:_____

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