

Thank you for joining us at Malik Medical Aesthetics. The information you provide is confidential but crucial for us to provide you with safe treatment and best possible results.

First Name: \_\_\_\_ Last Name: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_/ /\_\_\_\_\_

Street: City: State: Zip:

Cell Phone: Cell Phone Service Provider *(for Appointment Text Reminders)*

Home Phone: Email:

Age: Date of Birth: \_\_/ \_\_/ \_ Male ꙱ / Female ꙱ Occupation:

Primary Care Physician: Phone Number:

 Emergency Contact: Phone Number:

May we email you newsletter/informational updates about our practice and ongoing specials? YES NO

How were you referred to our office? (Please circle)

 Magazine | Newspaper | Radio | TV | Physician | Friend (please list name)

 Internet (specify what you were searching for):

Other:

Please circle any of the following medical conditions you have had:

High Cholesterol | Hypertension | Heart Attack | Stroke| Anemia | Circulatory | High Blood Pressure | Low Blood Pressure

Smoking | Pace Maker | Anxiety | Panic Attacks | Replacements | Migraines | Claustrophobia | TMJ | Asthma | Arthritis

Ear Aches | Pregnant | Nursing | PMS | Peri-Menopause | Post-Menopause| Epilepsy | Lupus | Thyroid | Diabetes

Cancer (Active/Radiation/Chemotherapy/Remission) | Gall bladder Disease | Aids | HIV | Hepatitis | Varicose Veins |

Contacts | Retin-A | Accutane | Psoriasis | Eczema

Please list all Prior Surgeries with dates (liposuction, abdominal surgery, gastric bypass, etc):

 \_\_

List Current Medications or Supplements: (please include vitamins, nutritional supplements, birth control, OTC pain relievers, etc)

Please circle any allergies you have, and specify below:

 Drug Allergies | Food Allergies | Lidocaine | Epinephrine | Antihistamines | OTC pain relievers (Advil, Motrin, etc.)

 Please specify:

Do you drink Alcohol? Never | Rarely | Monthly | Weekly | Daily

Do you have any implanted medical devices? YES NO If YES, what type?

Do you experience bothersome/excessive underarm sweating? YES NO

 If YES, what solutions have you tried? (i.e. Drysol, Rx deodorant, Botox, etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Have you ever experienced a reaction to a skin care product? Yes/No If YES, which product? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which types of products are you currently using? Cleanser | Toner | Moisturizer | Sun Screen | Make-Up

 Lip Treatment | Eye Treatment | Neck Treatment | Exfoliate | Mask

What specific challenges do you see with your skin? Acne | Breakouts | Clogged Pores | Oily | Dryness | Swelling | Puffiness

 Sun Damage | Moles | Freckling | Discoloration | Redness | Visible Veins

 Dark Circles | Deep Lines | Fine Lines | Elasticity | Tone | Unwanted Hair

Female Medical History

Date of last menstrual period: \_\_\_/\_\_\_\_\_/

# of Pregnancies: # Children:

Feminine Wellness

|  |  |  |  |
| --- | --- | --- | --- |
| Do you sometimes dribble or leak urine when you sneeze, cough or exercise?  |   | YES  | NO  |
| Are you being treated for incontinence with medications or do you use pads for urine leakage?  |   | YES  | NO  |
| Are you currently being treated with hormones/estrogen?  |   | YES  | NO  |
| Do you feel dry during intercourse? Experience pain? Or have trouble reaching orgasm?  |   | YES  | NO  |
| Do you feel loose vaginally since childbirth or menopause?  |   | YES  | NO  |
| Do you currently take hormones?  |   | YES  | NO  |
| Are you interested in learning more about ThermiVA today? Non-Invasive Fat Reduction & Body Contouring  |   | YES  | NO  |
| Are you interested in reshaping your body?  |   | YES  | NO  |
| Are you generally within 30 lbs. or 13.6 kg. of your ideal weight but have areas of excess fat?  |   | YES  | NO  |

What area is troubling you the most? Abdomen | Flanks (love handles or Muffin Top” | Inner Thighs | Outer Thighs | Chin

What is the reason for your visit/ concerned areas:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I certify that the above information is correct and up to date, and I will notify Malik Medial Aesthetics of any changes in the future.*

 / /

Signature Date