BOTOX / FILLERS / HYPERHIDROSIS PATIENT PROFILE

Last Name:________________ First:________________ Initial:______ Date:__________

Address:________________________ City:______________ Postal Code __________

Telephone: Home (   )______________ Work: (   )__________________

OHIP Number: __________________ Version Code: __________________

Date of Birth: D____ /M____ /Y_____ Age:______ e-mail:__________________

Occupation: ____________________ Do you plan a pregnancy within the next 2 years?______

Family Physician: ________________ City: __________________

Please let us know if you do not wish to have phone calls or mail!

Have you ever had a history of Keloid (tick) scarring? ❒ Yes ❒ No

You may not have Botox or Fillers if you are pregnant, breastfeeding, or three months after delivery .

Past Medical History

Major Illnesses (eg: cancer, diabetes, surgery, etc.) ______________________________

____

Current Medications (dose not required) including vitamins ______________________________

____

Allergies to Medications ______________________________

Do you have any chronic skin conditions? ❒ Yes ______________________________

Do you get facial Herpes Simplex (cold sores)? ❒ Yes

Have you ever had a bad reaction to fillers or botox? ❒ Yes

Do you have a history of
- ❒ Rheumatoid arthritis
- ❒ Lupus
- ❒ Polymyositis
- ❒ Muscular Dystrophy
- ❒ Mutiple Sclerosis
- ❒ Hemophilia
- ❒ Anticoagulant use
- ❒ Accutane use
- ❒ HIV
- ❒ Hepatitis B or C

Are you taking aspirin or anticoagulant? ❒ Yes

Are you using any facial creams containing Retinoic Acid? (eg: Tazorac) ❒ Yes

Do you suffer from
- ❒ chronic headaches
- ❒ Hyperhydrosis (excessive sweating)

Have you previously had
- ❒ Facial fillers
- ❒ Botox
- ❒ Facial surgery
- ❒ Permanent filler / implants
- ❒ Microderm
- ❒ Laser hair removal
- ❒ Facial Trauma
- ❒ IPL
- ❒ Laser resurfacing
- ❒ Laser tightening

Do you have
- ❒ White/blackheads
- ❒ Eczema
- ❒ Psoriasis
- ❒ Spider veins
- ❒ Rosacea
- ❒ Age spots
- ❒ Warts
- ❒ Keloid (thick) scarring
- ❒ Moles
- ❒ Acne
- ❒ Hyper/hypo pigment

How did you hear about us? ________ Friend Who? ______________________________

________ Newspaper ______ Radio ______ Internet ______ Other

Do you have excessive sweating? _______ **For how long?** _____________

What areas? ____

What treatments have you tried? ____

Have you ever tried Botox for this? ____

If yes, what areas were treated? ____

When was the last treatment? ____