Aesthetica
MEDISPA

MEDICAL HISTORY

Name _____

Current Medications _____

_____

	YES	***NO***	***IF YES, EXPLAIN***
Tobacco	_____	_____	_____
Suntan Reactions	_____	_____	_____
Allergies or drug reaction	_____	_____	_____
Hospitalization	_____	_____	_____
Surgeries	_____	_____	_____
Injuries	_____	_____	_____
Hypertension	_____	_____	_____
Diabetes mellitus	_____	_____	_____
Herbal supplements	_____	_____	_____
Liver disease	_____	_____	_____
Heart disease	_____	_____	_____
Kidney disease	_____	_____	_____
Ulcer disease	_____	_____	_____
Arthritis	_____	_____	_____
Stroke	_____	_____	_____
Bleeding disorder	_____	_____	_____
Anemia	_____	_____	_____
Respiratory problems	_____	_____	_____
Gastrointestinal problems	_____	_____	_____
Urinary problems	_____	_____	_____
Genital/Gyn. Problems	_____	_____	_____
Psychological problems	_____	_____	_____
Eye problems	_____	_____	_____
Dermatological problems	_____	_____	_____

Patient signature _____ ***Date*** _____