Aesthetic Solutions

5821 Farrington Rd. Ste 101 Chapel Hill, NC 27517
(919) 403-6200 www.aesthetic-solutions.com

PLEASE BRING THIS FORM TO YOUR APPOINTMENT

Patient Name:________________________________ **Chart #:**__________ **Date:** ___________

This is part of your CONFIDENTIAL Medical Record.

Reason for Consultation:

____

Drug Allergies:

____

Medications/ Dosages Taken Regularly:

____
____
____

Are you taking Aspirin or any medications containing Aspirin? ________________________
Vitamins/ Herbs?____

Have you had any reaction to injections of a local anesthetic? _________________________

Are you allergic to Bandaids, tape, or adhesive?_____________________________________

Female patients only:
Are you taking oral contraceptives? ________ Are you pregnant or trying to become pregnant? _______

Date of last physical: ___________________ Physician: ________________________________

Previous Surgeries, dates and attending Physicians:
____

GENERAL HEALTH

	YES	NO
Cancer ________________	☐	☐
Diabetes	☐	☐
Eye Problems	☐	☐
High Blood Pressure	☐	☐
Heart Disease	☐	☐
Anemia	☐	☐
Ulcers	☐	☐
Lung Problems	☐	☐
Psychiatric Disorders	☐	☐
Neurological Disorders	☐	☐
Rheumatic Fever	☐	☐
Do you get nauseated easily?	☐	☐
Do you smoke?	☐	☐
Do you have Hepatitis?	☐	☐
Do you have HIV or HIV risk factors?	☐	☐

Have you had an Electrocardiogram (EKG) in the past year? __________ Normal? _________

Have you been under a physician's care in the past or currently for any medical condition? If so, what condition and who is/was the physician?
____
____
____
____
____
____
____
____

*Please note that we will ask you to update your general health history each year

We offer a full range of cosmetic procedures. Please indicate whether you are interested in learning more: **B**OTOX **R**ESTYLANE **L**ASER for wrinkles **L**ASER HAIR REMOVAL **C**HEMICAL PEELS **L**IPOSUCTION **F**ACIAL PLASTIC SURGERY **L**EG VEIN TREATMENT **L**ASER for blood vessels or tattoos **O**ther:_________________________

Form Completed By: ____ Date: _______