



### Medical History Questionnaire

Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. History of Bleeding Disorders? Y \_\_\_\_\_ N \_\_\_\_\_
2. Are you currently pregnant or breastfeeding? Y \_\_\_\_\_ N \_\_\_\_\_
3. Are you currently taking Aspirin, Coumadin or any other blood thinners? Y \_\_\_\_\_ N \_\_\_\_\_
4. Any allergies to medications? \_\_\_\_\_
5. Current prescriptions and over-the-counter medications?  
\_\_\_\_\_
6. History of Cold Sores on the lips? Y \_\_\_\_\_ N \_\_\_\_\_
7. Any autoimmune disorders (Lupus, Rheumatoid Arthritis, Vitiligo, Psoriasis) or Neuromuscular disorders?  
Y \_\_\_\_\_ N \_\_\_\_\_ Which one? \_\_\_\_\_
8. Any other important medical illness which Dr. Chapman should know about?  
\_\_\_\_\_
9. Any use of Accutane within the last 6 months? Y \_\_\_\_\_ N \_\_\_\_\_
10. Any history of endocarditis, valvular heart diseases or cardiac arrhythmias?  
Y \_\_\_\_\_ N \_\_\_\_\_ Which one? \_\_\_\_\_
11. Are you a smoker? Y \_\_\_\_\_ N \_\_\_\_\_
12. Do you have any facial implants? Y \_\_\_\_\_ N \_\_\_\_\_ Which one? \_\_\_\_\_
13. Any recent Facial Laser ablation, Dermabrasion, Chemical Peels, Collagen, Botox?  
Y \_\_\_\_\_ N \_\_\_\_\_ Which one and when? \_\_\_\_\_
14. Can we have your permission to reference you (not by name) in a blog, website or book?  
Y \_\_\_\_\_ N \_\_\_\_\_