AQUA PLASTIC SURGERY

Keeping the palm beaches beautiful

PATIENT MEDICAL FORMS

About Crystal King

Crystal King is Aqua Plastic Surgery's Premier Aesthetic Provider. She is an ANCC Board Certified Family Nurse Practitioner with over 20 years experience in the Medical Aesthetic Industry.

Crystal believes in taking an honest and personalized approach with each individual to achieve optimal results. Her goal is to help her patients find their beauty and feel confident about their appearance. She specializes in the "treat to complete" method while still maintaining a natural look.

PATIENT INFORMATION

Patient Name _____ Date _____

Date of Birth _____ Age _____Occupation _____

Home Address _____City _____State _____ Zip _____

Home Phone _____Cell Phone _____ Email _____

Emergency Contact Name_____ Phone_____

Primary Care Physician _____

How were you referred to us? _____

What is the reason for your visit today?

_____

_____

_____

MEDICAL HISTORY

Are you currently under the care of a physician? YES / NO
If yes, for?_____

Do you have any of the following medical conditions:? (Please mark YES or NO to all)

PLEASE CHECK ALL THAT APPLY:	YES	NO		YES	NO
Cancer	☐	☐	Diabetes	☐	☐
High Blood Pressure	☐	☐	Herpes	☐	☐
Arthritis	☐	☐	cold sores	☐	☐
HIV/AIDS	☐	☐	Keloid scarring	☐	☐
Skin disease	☐	☐	Skin Lesions	☐	☐
Seizure Disorder	☐	☐	Hepatitis	☐	☐
Hormone Imbalance	☐	☐	Thyroid Imbalance	☐	☐
Blood Clotting Abnormalities	☐	☐	Any active infection	☐	☐
Heart Conditions	☐	☐			
Are you pregnant or trying to get pregnant?	☐	☐	Are you breast feeding?	☐	☐
Are you using contraception? Birth control pills	☐	☐	ALS	☐	☐
NEUROLOGIC DISEASES:	☐	☐	Parkinson's	☐	☐
Myasthenia Graves	☐	☐	Multiple Sclerosis (MS)	☐	☐
Lambert-Eaton Syndrome	☐	☐	Other:		

Are you currently taking any of the following medication or supplements listed below:?

	YES	NO		YES	NO		YES	NO
Aspirin	☐	☐	Blood thinners	☐	☐	Hormones	☐	☐
Mood altering medication	☐	☐	Anti-depression medication	☐	☐	Vitamin E	☐	☐
Fish Oil	☐	☐	Omega 3 fatty acids	☐	☐	Ginkgo biloba	☐	☐
Garlic	☐	☐	Ginger	☐	☐	Cayenne	☐	☐
Licorice	☐	☐	Flax seed oil	☐	☐	COQ10	☐	☐

Please list any other medications not listed above:

_____

_____

Do you smoke? YES ☐ NO☐

Do you drink alcohol: YES ☐ NO☐ if yes, how many drinks per week? _____

ALLERGIES

Have you ever had an allergic reaction to the following:?

☐Aspirin ☐Lidocaine (Anesthetic) ☐Hydrocortisone

☐Latex ☐Hydroquinone or skin bleaching agents

Please list any other allergies not listed: _____

Have you had anesthesia previously? YES ☐ NO☐ If yes, was is LOCAL or GENERAL? (circle all that apply)

Did you have any problems? YES ☐ NO☐ If yes, please describe: _____

FACIAL HISTORY

Do you regularly sun bathe or use tanning salons? _____ How often? _____

Do you scar easily or are you prone to hypertrophic or keloid scarring: YES ☐ NO ☐

What topical medications or creams are you currently using? ☐ RetinA ☐ Other

(Please list skincare currently on): _____

Have you ever had Botox? YES ☐ NO ☐ If yes when last treated? _____

Have you ever had dermal fillers? YES ☐ NO ☐ if yes when last treated? _____

Any complications? YES ☐ NO ☐ If yes, please specify: _____

Is there any history of facial surgery? YES ☐ NO ☐

Describe: _____

Is there any recent history of trauma to the head or f ace? YES ☐ NO ☐

Describe: _____

Any TMJ problems Pain Clenching Grinding etc? . YES ☐ NO ☐

Describe: _____

OTHER PLASTIC SURGERY HISTORY AND APPROXIMATE DATE:

_____

BRILLIANT DISTINCTIONS/ASPIRE REWARDS PROGRAM

Are you currently enrolled in the Brilliant Distinctions or Aspire program? YES ☐ NO ☐

If not, Brilliant Distinctions/Aspire is a program that rewards you with savings on Allergan/Restylane facial treatments and products, like Botox, Dysport, Juvederm and Restylane products. Ask us for details on how to sign up.

I certify that the preceding medical, medication and personal history statements are true and correct. I am aware that it is my responsibility to inform the doctor or other health professional of my current medical health conditions and to update this history. A current medical history is essential for the caregiver to execute appropriate treatment procedures.

Signature ____ *Date* __________________