**New Medical Client**

Welcome to Premier Aesthetics! We are so happy to have you. Due to recent guidelines we are conducting our consults virtually. Please send us pictures of yourself in these 3 poses and fill out the medical history below.

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Example Pictures**

**Medical History Reviewed**

* **Allergies** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Change of medical history since last visit?\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Pregnant, Breast Feeding, Postpartum? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **No history of neuromuscular diseases?** (Guillain Barre, Lambert Eaton Syndrome, Myasthenia Gravis, Multiple Sclerosis, Parkinson’s)
* **If applicable, no issues with previous treatment?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Autoimmune Diseases? \_\_\_\_\_\_\_\_\_\_\_\_**
* **Recent use of** ASA, Vitamin E, NSAIDS, Gingko Biloba, Fish oil, Anticoagulants   Last date of use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chief Complaint**/Results you would like to see: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check the box for the following services you are interested in:

Botox/Dysport/Xeomin Dermal Filler PDO Threads

 Laser Hair Removal/ IPL Opus Salt Facial 

**IF ANY OF THE FOLLOWING QUESTIONS APPLY TO YOU PLEASE NOTIFY US IN THIS CONSENT.**

Once we receive the following information, we will send them to our doctor for his approval. We will then call you to schedule an appointment.