



**1680 Eagle Harbor Pkwy, Suite C \* Fleming Island, FL 32003 \* 904-541-3055**  
[www.RefineMedicalSpaFLA.com](http://www.RefineMedicalSpaFLA.com)

### MEDICAL HISTORY

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ ( ) Female ( ) Male

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_  
Telephone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Pharmacy: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

1. Do you have **ANY** allergies to any medications, food, latex or other substances? ( ) Yes ( ) No  
**List allergies:**

\_\_\_\_\_

2. Are you currently under a doctor's care? ( ) Yes ( ) No  
**List reason:**

\_\_\_\_\_

3. Do you take/use **ANY** medications, herbal or natural supplements or topical creams on a daily or regular basis? ( ) Yes ( ) No  
**List medications:**

\_\_\_\_\_

4. Do you have **ANY** current or chronic medical illnesses we should know about? ( ) Yes ( ) No  
**List medical conditions:**

\_\_\_\_\_

5. Do you have any history of herpes I or II in the area to be treated? ( ) Yes ( ) No

6. Do you have a history of keloid or thickened scarring? ( ) Yes ( ) No

7. Have you taken Accutane or anticoagulants in the past 6 months? ( ) Yes ( ) No

8. Do you have any permanent make-up, implants or tattoos? ( ) Yes ( ) No

**List location:** \_\_\_\_\_

9. Have you had sun tan, used tanning creams or tanning beds in the past 4-6wks? ( ) Yes ( ) No

10. Interested in: *(check all that apply)*

\_\_\_\_\_ Botox \_\_\_\_\_ Dermal Filler \_\_\_\_\_ Laser Hair Removal \_\_\_\_\_ Photofacial \_\_\_\_\_ Vein Tx

\_\_\_\_\_ Facials \_\_\_\_\_ Chem Peels \_\_\_\_\_ Massage \_\_\_\_\_ Scar/Uneven Texture Tx

Which body area/areas or condition would you like treated?

\_\_\_\_\_

List any previous cosmetic or aesthetic treatments received (i.e Botox, Juvederm, Chemical peel, massage):

\_\_\_\_\_

(For Women)

11. Are you or could you be pregnant? ( ) Yes ( ) No

12. Are your menstrual periods regular? ( ) Yes ( ) No

**What is the date of you last menstrual period?** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_