

MEDICAL HISTORY



Do you have any of the following?

Bleeding Problems	Y	N	Kidney Disease	Y	N
Difficulty Healing Wounds	Y	N	High Blood Pressure	Y	N
Keloids	Y	N	Liver Disease/Hepatitis	Y	N
Abnormal Scarring	Y	N	Arthritis	Y	N
Diabetes	Y	N	Back or Neck Problems	Y	N
Artificial Heart Valve	Y	N	Fever Blisters	Y	N
Pacemaker	Y	N	Skin Cancer	Y	N
Artificial Joints	Y	N	Heart Disease	Y	N
Lung Disease	Y	N	Melanoma	Y	N

If yes to any of the above, please explain:

Are you pregnant?

Why are you being seen today?

Prior Hospitalization/Surgery:

Current Medications:

Allergies:
