miami skin + vein

6705 Red Rd Suite 608
Coral Gables, FL 33143
(786) 618-5039
info@miamiskinandvein.com

MEDICAL HISTORY

Please fill out this form as completely and accurately as possible. The information will be used to optimize your evaluation and treatment (safety and efficacy).

Patient Name: _____ Birthdate: _____

Medical History:

☐ None
☐ Artificial Joints/Implants
☐ Asthma
☐ Blood Clots/Bleeding Disorders
☐ Cancer
☐ Defibrillator/Pacemaker
☐ Diabetes
☐ Eye Problems (including glaucoma)
☐ Heart disease
☐ High Blood Pressure
☐ High Cholesterol
☐ HIV
☐ Infections
☐ Kidney Problems
☐ Liver Disease (including hepatitis)
☐ Psychiatric Condition
☐ Radiation Therapy/Chemotherapy
☐ Stroke
☐ Thyroid Disorder
☐ Neurologic Disease
☐ Multiple Sclerosis
☐ Lambert-Eaton Syndrome
☐ Amyotrophic Lateral Sclerosis (ALS)
☐ Myasthenia Gravis
☐ Autoimmune disease

List any allergies you have. Please write "none" if you have no allergies:

_____

_____

List any medications you take. Please write "none" if you do not currently take any medications:

_____

_____

Are you currently pregnant?

☐ Yes ☐ No ☐ Male Patient

Are you currently breastfeeding?

☐ Yes ☐ No ☐ Male Patient

Are you currently using any forms of birth control?

☐ Yes ☐ No ☐ Male Patient

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Skin History:

- ☐ None
- ☐ Cold Sore
- ☐ Melasma
- ☐ Rosacea
- ☐ Acne
- ☐ Dry Skin
- ☐ Eczema
- ☐ Hives or Itching
- ☐ Hives or Itching
- ☐ Infection of the skin
- ☐ Skin cancer
- ☐ Keratosis
- ☐ Melanoma
- ☐ Moles
- ☐ Psoriasis
- ☐ Rashes
- ☐ Scars
- ☐ Skin Cancer
- ☐ Sun Exposure
- ☐ Suspicious Lesion
- ☐ Tanning bed use
- ☐ Ulcers
- ☐ Warts

Past Cosmetic Procedures:

- ☐ None
- ☐ Neuromodulator (Botox, Dysport, Xeomin, Jeuveau or Daxxify)
- ☐ Dermal Filler (such as Restylane and Juvéderm)
- ☐ Sculptra
- ☐ Radiesse
- ☐ Kybella
- ☐ Chemical peel
- ☐ Skin laser treatment
- ☐ Other

Past Cosmetic Surgeries:

- ☐ None
- ☐ Facelift
- ☐ Necklift
- ☐ Eyelid surgery (blepharoplasty)
- ☐ Nose surgery (rhinoplasty)
- ☐ Cheek implant
- ☐ Chin implant
- ☐ Another facial implant
- ☐ Breast implant
- ☐ Tummy tuck (abdominoplasty)
- ☐ Liposuction
- ☐ Other cosmetic surgery

Patient Signature: _____Date: _____

Form last updated June 8, 2023