

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First)

Health Card: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Number you prefer we contact you at? \_\_\_\_\_

Family Physician: \_\_\_\_\_

How did you hear about ReVita Medispa? \_\_\_\_\_

Please describe the nature of your visit? \_\_\_\_\_

## MEDICAL INFORMATION

Heart Condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Myasthenia Gravis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diabetes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Migraine headaches?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Thyroid Condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Keloids (raised scars)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Multiple Sclerosis?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Herpes (lips or genitals)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lupus?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Photosensitive ( <i>sun sensitive</i> )	
Muscular Dystrophy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	disorder?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you had previous Surgery? If yes, please list them below:

\_\_\_\_\_

Do you exercise?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you currently taking any hormone therapy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you smoke?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you pregnant or trying to get pregnant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you drink alcohol?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you currently breastfeeding?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please list all medications you are currently taking (including any vitamin or natural products):

\_\_\_\_\_

Do you have any medication allergies? (If yes, please list them)

\_\_\_\_\_

**PLEASE TURN OVER**

Do you use topical therapy?    Retin-A     Glycolic Acid     Hydroquinone     ProActiv

Are you currently or have you used Accutane (acne medicine) in the past 6 months?    Yes  No

What type (if any) of skin care products are you using? \_\_\_\_\_

Have you had Botox® injections?    Yes  No     Have you had microdermabrasion?    Yes  No

*If yes, what area?* \_\_\_\_\_    Have you had any chemical peels?    Yes  No

Have you had laser therapy?    Yes  No

Have you had Restylane® injections?    Yes  No

*If yes, what area?* \_\_\_\_\_

### SKIN BACKGROUND

Do you use tanning beds?    Yes  No   
*If yes, when was the last time?* \_\_\_\_\_

Do you use chemical tanning products?    Yes  No   
*If yes, when was the last time?* \_\_\_\_\_

Have you recently waxed?    Yes  No   
tweezed?    Yes  No   
used depilatories or bleaches?    Yes  No   
used chemical processes for hair removal?    Yes  No

Do you have any permanent makeup?    Yes  No   
*If yes, please specify the location:* \_\_\_\_\_

### FITZPATRICK SKIN TYPE

<input checked="" type="checkbox"/>	<u>Type</u>	<u>Your Skin Colour</u>	<u>Your reaction to the first sun exposure each year</u>
<input type="checkbox"/>	I	White	Always burns, never tans
<input type="checkbox"/>	II	White	Usually burns, tans less than average
<input type="checkbox"/>	III	White / Asian	Sometimes mild burn, tans about average
<input type="checkbox"/>	IV	Light brown	Rarely burns, tans more than average
<input type="checkbox"/>	V	Dark brown	Rarely burns, tans profusely
<input type="checkbox"/>	VI	Black	Never burns, deeply pigmented

Are you interested receiving promotional material about ReVita Medispa via e-mail?    Yes  No

May we correspond with your family physician about your treatment today?    Yes  No

\*\* ReVita Medispa complies with Canadian privacy laws and hence we do not share or sell your personal or medical information with any other persons or organizations. Your information may be reviewed by other medical staff within the clinic in order that you receive the best treatment possible.