

Dawson Wellness
 4500 Eldorado Pkwy, Suite 1000
 McKinney, Tx 75070
 Aesthetic Brief History

Today's Date: _____

First & Last Name	Date of Birth	Ht Wt
Address	City	State, Zip
Email Address	Phone Number	Would you like to receive our e-newsletter with monthly specials? Yes No

Did anyone refer you? _____

What are your concerns and goals in regard to your skin?

Circle All Concerns That Apply

wrinkles	hyperpigmentation	dryness	large pores
scars	volume loss	oiliness	uneven texture
acne/clogged pores	redness	peeling	aging
sensitive	sun damage	other	

CURRENT MEDICATIONS, BIRTHCONTROL, HORMONES, SUPPLEMENTS:

Current Skin Care Routine and Products:

ALLERGIES:

Women are you pregnant or lactating? _____

Have you ever been prescribed **Accutane**, if yes, when was last dose? _____

Do you use or have you used Retinol products? Last used?

Circle any of the following illnesses you have or have ever had in the past

Myasthenia Gravis	Hepatitis	Cold Sores	Eye Disease
Autoimmune Disease	Numbness	Clotting/Bleeding Disorders	Vision Problems
Muscle Weakness	Cystic Acne	Amyotrophic Lateral Sclerosis (ALS)	Eaton Lambert Disorder
Diabetes	HIV or Immune dysfunction	Trigeminal Neuralgia	Cardiac Disease
Cancer	MRSA infection	Kidney Disease	Liver Disease
Infection	Anemia	Skin Conditions	Keloids
Low Platelets	Recent Injury or Surgery	Steroid Use	Other

I am not currently on Aminoglycosides, Antibiotics, or any other antibacterial medication to treat bacterial infections.

Explain:

Previous Hospitalization or Surgeries:

Previous Cosmetic Procedures (such as Botox, fillers, chemical peels, laser treatment, photo-facial, microdermabrasion, dermal needling, tightening, implants) and Dates

DID ANY COSMETIC PROCEDURE YIELD UNSATISFACTORY RESULTS?

I understand the information on this form is essential to determine my medical and cosmetic needs and the provision of treatment. I understand that if any changes occur in my medical history/health I will report it to the office as soon as possible. I have read and understand the above medical questionnaire. I acknowledge that all answers have been recorded truthfully and will not hold any staff member responsible for any errors or omissions that I have made in the completion of this form.

Client Signature:

Date: _____