


Blue Illusion
SURGICAL & NON-SURGICAL FACIAL REJUVENATION

Patient Questionnaire

Name _____ Date _____ Date of Birth ___ /___ /___ Gender M F

Address _____ City _____ State ___ Zip _____

Telephone: Home _____ Work _____ Cell _____

Email _____ Social Security # _____

How would you prefer to be contacted? _____

Marital Status _____ Are you employed? Y N Employer Name _____

In case of emergency, whom should we contact? _____ Phone _____

Primary Care Physician _____ Phone _____

Were you referred? Y N If so, who?

_____

Parents name (if under 18) _____

Visit Information

Areas you wish to enhance:

_____

List any previous cosmetic procedures:

_____

What is the reason you are thinking about having a procedure at this time?

_____

How long have you been considering a procedure? _____

Have you consulted other Surgeons? Y N

Do you have friends or family members who support you in having a procedure? Y N If yes, who? _____

Medical History

Have you ever had (please check all that apply)

- ☐ Allergic rhinitis
- ☐ Insomnia
- ☐ Anxiety
- ☐ Asthma
- ☐ Chest pain
- ☐ Congestive heart failure
- ☐ Diabetes
- ☐ Gout
- ☐ Hearing loss
- ☐ Heartburn
- ☐ Other: Please explain:
- ☐ High lipids
- ☐ Insomnia
- ☐ Anemia
- ☐ Arthritis
- ☐ Atrial fibrillation
- ☐ Circulatory system disorder
- ☐ Depression
- ☐ Emphysema
- ☐ Headache
- ☐ Heart attack
- ☐ Herniated disk
- ☐ High cholesterol
- ☐ Hypothyroid
- ☐ Irritable bowel syndrome
- ☐ Migraine
- ☐ Osteoporosis
- ☐ Skin disorder
- ☐ Visual impairment

_____

_____

List all medications and herbal supplements you currently take, including dosage:

_____

_____

_____

List any medication allergies you have:

_____

Are you allergic to latex? _____

Surgical History

List any operations you have had: please provide date of surgery.

1. _____ 3. _____ 5. _____

2. _____ 4. _____ 6. _____

Social History

Do you currently or have you recently smoked? Y N If so, how much per day? _____

Do you drink Alcohol? Y N If yes, amount per week? _____

Do you use Drugs? Y N If yes, what type? _____