Medical History
Name_______________________________________________
Address______________________________________________________
City______________________________________State____________Zip_________________
Email_______________________________________________
Home Phone_______________________________________
Work/Cell Phone__________________________________
Primary Physician's Name_____________________________________________
Phone #______________________________
DOB_____________________ Age_______ Ht________________ Wt__________
Please list all medications you are currently
taking:____________________________________________________________________________________
___________________________________________________________________________________
Allergies: _________________________________
Are you on Antibiotics at this time?________________________________
Circle any of the following illnesses you have or have ever had in the past:
Myesthenia Gravis Hepatitis Eye Disease Autoimmune Disease Vision Problems Numbness
Muscle Weakness Multiple Sclerosis Amyotrophic Lateral Sclerosis (ALS) Parkinson's Disease
Neurological Disorders  Lambert-Eaton Syndrome
List and/or Explain Other Medical Conditions not listed
above:____________________________________________________________________________________
____________________________________________________________________________________________
_____________________________________________

Previous Hospitalizations/Operations:
____________________________________________________________________________________________
_______________________________________________________________________________________

WOMEN: Are you Pregnant, Trying to get Pregnant, or Lactating (nursing)?
_______________________________

Have you had Plastic Surgery or other surgery to your face/neck areas when?
________________________________________________________________________________________

Had Botox®/Dysport/Xeomin injections before? _________Last treatment? _____________
What Areas?_________________________________________________________

Were you happy with previous Botox®/Dysport/Xeomin treatments?__________________
Explain
____________________________________________________________________________________
Have you ever had eyelid/eyebrow droop after
Botox®/Dysport/Xeomin?__________________________________________________
Do you show a lot of upper eye lid when eyes are
open?_________________________________________________
Do your eyelids feel extra heavy when you don't get enough
sleep?_____________________________________
Do your eyelids droop without
sleep?____________________________________________________________________
Areas of special concern to
patient?______________________________________________________________________

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 history questionnaire. I acknowledge that all answers have been recorded truthfully and will not hold Dr. Happe Medical Aesthetics responsible for any errors or omissions that I have made in the completion of this form.
Patient Signature_______________________________________________Date_______________

PRE - TREATMENT INSTRUCTIONS
In an ideal situation it is prudent to follow some simple guidelines before treatment that can make all the difference between a fair result or great result, by reducing some possible side effects associated with the injections. We realize this is not always possible; however, minimizing these risks is always desirable.

Avoid Alcoholic beverages at least 24 hours prior to treatment (Alcohol may thin the blood increasing risk of bruising.
Avoid Anti-inflammatory / Blood Thinning medications ideally, for a period of two (2) weeks before treatment. Medications and supplements such as Aspirin, Vitamin E, Gingo Biloba, St. John's Wort, Ibuprofen, Motrin, Advil, Aleve, Vioxx, and other NSAIDS are all blood thinning and can increase the risk of bruising/swelling after injections.
Schedule Botox® appointment at least 2-3 weeks prior to a special event which may be occurring, i.e., wedding, vacation, etc. etc. It is not desirable to have a very special event occurring and be bruised from an injection which could have been avoided.