Jeffrey S. Rosenthal, M.D.

Rosenthal Cosmetic Surgery & Skin Care Center

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PATIENT MEDICAL INFORMATION

Were you referred to our office? by whom:_____ website social media other

Name(print) _____ DOB___/___/_____
Age____

Reason for your visit, circle: **Cosmetic Surgery Xeomin/Botox Fillers Threads Not Sure**

(explain)_____
_____

Have you had a prior consultation? ___ Treatment or Surgery for this condition?
_____

Please note physician seen & when:
_____

Prior Botox/Xeomin, Fillers, Threads: _____ Last treatment date:_____ How often:_____

MEDICAL & SURGICAL HISTORY *Please answer all questions!

Do you use: ____Tobacco Packs per day: _____ Discontinued when:_____

____Alcohol If yes, average daily consumption:_____Coffee/Tea:_____

PREVIOUS SURGERIES & COSMETIC PROCEDURES

_____

_____

_____

Have you ever had: Epinephrine/Local Anesthesia, General Anesthesia, Dental Anesthesia

Please describe any bad reactions:

_____

MEDICATIONS: *If taken within the last 4 weeks

____ None PLEASE LIST ALL OTHER MEDICATIONS:_____

___ Aspirin (or meds containing aspirin)

___ Anti-inflammatory drugs (Advil/Motrin)

___ Vitamin E / Herbal Supplements

___ Birth Control/Hormone Replacement

___ Accutane

Please Check All that you have or had:

___None

___Cancer ___Myasthenia Gravis

___Heart Attack ___Bell's Palsy

___Heart Murmur ___Mitral Valve Prolapse

___Lung Disease ___Shingles

___Thyroid Disorder ___Visual problems

___Kidney Disease ___Stroke

___High Blood Pressure ___Cold Sores/Herpes

___Eyelid Weakness ___HIV

___Diabetes ___Stomach/Bowel Disease

___Facial Trauma ___Hepatitis A, B, C

___Prolonged Bleeding/Bruising

Females: ___Pregnant or Breast Feeding

Other medical disorders, injuries or serious illnesses

Requiring hospitalization (describe & year):

_____
_____
_____
_____
_____

_____

_____

___Psychiatric Disorder

Dr. Treating_____

Medications_____

_____

_____

_____

_____

Allergic or Reaction to: _____Penicillin ____Latex ____Other

If yes to above or other allergies please explain_____
_____

_____
_____
_____