CALIFORNIA FACE INSTITUTE

DERMAL FILLERS
INTAKE

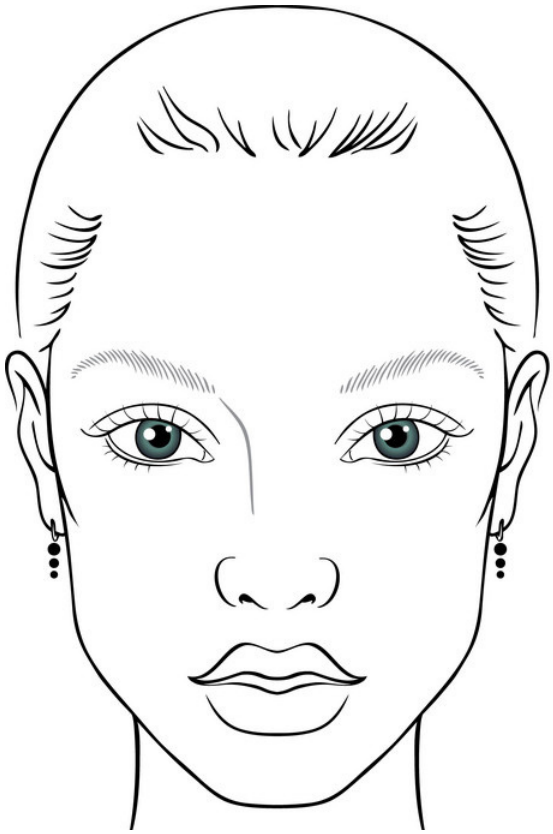
DATE

DATE OF BIRTH | AGE | PHONE | EMAIL

ADDRESS | CITY | STATE

AHC FOR MEDICAL BOTOX | EMERGENCY CONTACT (*Name / Relationship / Phone)

YOUR CONCERNS | WHAT AREAS WOULD YOU LIKE TREATED?



PAST COSMETIC TREATMENT HISTORY

YES	NO	
☐	☐	Botox
☐	☐	Facial surgery
☐	☐	Permanent implants in the face
☐	☐	Permanent fillers
☐	☐	Juvederm products
☐	☐	Skin tightening
☐	☐	Are you pregnant or nursing?

Please Initial

CALIFORNIA FACE INSTITUTE

DERMAL FILLERS
MEDICAL

DATE

ALLERGIES
PLEASE LIST ALL OF YOUR ALLERGIES

MEDICATIONS
PLEASE LIST ALL OF YOUR CURRENT PRESCRIPTION, OTC, HERBAL PRODUCTS THAT YOU ARE TAKING.

PAST MEDICAL HISTORY
PLEASE LIST ALL OF YOUR CURRENT MEDICAL CONDITIONS.

Please Initial