



CANADIAN BOARD  
OF  
AESTHETIC MEDICINE

## Medical History

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Postal: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### General Information

1. Are you currently under the care of a Physician?  Yes  No  
If yes, what for? \_\_\_\_\_
2. Are you currently under the care of a Dermatologist?  Yes  No  
If yes, what for? \_\_\_\_\_
3. Do you have a history of erythema abigne, which is a persistent skin rash produced by prolonged or repeated exposure to moderately intense heat or infrared irritation?  Yes  No
4. Do you have any of the following medical conditions? (check all that apply)  
 Cancer  Diabetes  High blood pressure  Herpes  Arthritis  
 Frequent cold sores  HIV/AIDS  Keloid scarring  Skin diseases/lesions  
 Seizure disorder  Hepatitis  Hormone imbalance  Thyroid imbalance  
 Blood clotting abnormalities  Any active infection
5. Do you have any other health problems or medical conditions? Please list:  
\_\_\_\_\_
6. Have you ever had an allergic reaction to any of the following? (check all that apply)  
 Food \_\_\_\_\_  Latex  Aspirin  
 Hydrocortisone  Hydroquinone  Lidocaine  
 Others \_\_\_\_\_

### Medications

7. What oral/topical medications are you presently taking?  
 Birth Control pills  Hormones  Others \_\_\_\_\_
8. Are you on any mood altering or anti-depression medication?  Yes  No
9. Have you ever used Accutane?  Yes  No If yes, when did you last use it? \_\_\_\_\_
10. What herbal supplements do you use regularly? Others \_\_\_\_\_

### History

11. Have you ever had laser hair removal?  Yes  No
12. Have you had any recent tanning or sun exposure?  Yes  No
13. Do you form thick or raised scars from cuts or burns?  Yes  No
14. Do you have Hyperpigmentation (darkening of the skin), or Hypopigmentation (lightening of the skin or marks) after physical trauma?  Yes  No If yes, please explain: \_\_\_\_\_
15. Have you ever had local anesthesia with lidocaine?  Yes  No

### Female Clients

16. Are you pregnant or trying to become pregnant?  Yes  No
17. Are you breastfeeding?  Yes  No
18. Are you using contraception?  Yes  No



## Medical History (page 2)

Which of the following best describes your skin type?

- I Always burn, never tan
- II Always burn, sometimes tan
- III Sometimes burn, always tan
- IV Rarely burn, always tan
- V Brown, moderately pigmented skin
- VI Heavily pigmented skin, very dark hair

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Treatment Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Director

\_\_\_\_\_  
Date