



PATIENT INFORMATION & HEALTH HISTORY

Name _____
Mailing Address _____
Phone _____
Email _____
DOB _____ Age _____
Referred By _____

Please read our photographic authorization and release policy:

I do/ do not authorize Behance Beauty to take photographs showing before and after results of my procedure. I authorize use of these images without compensations, to be used for the office, seminars, and website by owner of Behance Beauty for prospective patients or presentations.

Patient Signature _____ Date _____

HEALTH HISTORY

Are you currently under the care of a physician? Y N

Any known drug or food allergies _____

Please list medications and supplements _____
_____Fish oil _____Omega fatty acids _____Blood thinners

Please check any of the following conditions:

____ Cancer	____ Multiple Sclerosis	____ Pregnancy	____ Chronic Allergies
____ Cold Sores	____ Autoimmune Disease	____ Breast Feeding	____ Smoker
____ Stroke	____ Hepatitis	____ Myasthenia Gravis	____ Bell's Palsy
____ Diabetes	____ Kidney or Liver Disorder	____ Bleeding Disorders	____ Arthritis
____ Parkinson's	____ High Blood Pressure	____ Keloid scarring	____ Heart Conditions
____ Recent Dental Procedures		____ Current use of antibiotics	

Have you had Botox, Dysport, Xeomin, Jeuveau? Y N

Have you had fillers? Y N

Have you had Bellafill? Y N

Have you had Threads Y N

If yes, have you had a reaction to either of the above? Y N

I hereby state that all of the above facts of information concerning my past medical history have been disclosed to the treatment provider during my consultation and is all current and correct. The treatment provider has explained the effects of the procedure to be performed, risks involved and the alternative methods. I acknowledge that no guarantee or assurance has been made regarding the procedure, which I have requested and authorized. I have been advised of the goal and possibility of side effects which ensure that the results may not live up to my expectations.

Patient Signature _____ Date _____

Provider Signature _____ Date _____