Cunningham Clinic

Aesthetic Survey- New Patients

Name:_____ DOB:_____

Address:_____ Email:_____

Referred by:_____

Thank you for completing our health survey prior to receiving your aesthetic treatment at Cunningham Clinic. Your provider will review your complete health history including medications, allergies, surgeries and health conditions prior to your treatment. These are additional questions specifically tailored to ensure the best possible outcomes for aesthetic interventions.

Top concerns:

_____

_____

WHAT MEDICAL AESTHETIC PROCEDURES/TREATMENTS ARE YOU INTERESTED IN? (check all that apply)

- ◯ Botox/Daxxify for wrinkle reduction
- ◯ Acne &/or Surgical Scars
- ◯ Pharmaceutical grade skincare
- ◯ Hair restoration
- ◯ Botox/Daxxify for excessive sweating
- ◯ Dermal Fillers (Juvederm, RHA)
- ◯ Laser Hair Removal
- ◯ IPL
- ◯ Sculptra for collagen stimulation
- ◯ Skin tightening/resurfacing with Morpheus8
- ◯ DEJ Biostim-Topical Biostimulator
- ◯ Under-eye shadows

Have a history of? (Check all that apply)

- ◯ Auto-immune Disease
- ◯ Melasma
- ◯ Other

If you answered yes to other, please list here:

_____

Current medications:

_____

_____

Allergies to medications (if any):

_____

SAFETY SCREENING FOR ALL AESTHETIC CLIENTS	Yes	No
Recent or planned tanning (sun or spray)	◯	◯
Vaccine received recently or planned in the next two weeks	◯	◯
Recent or planned dental work (anything requiring numbing)	◯	◯

If you answered yes to the questions above, please list the last date:

_____

_____

Currently using the following:

- ◯ Pharmaceutical grade skin care
- ◯ Over the counter skin care
- ◯ Retinol
- ◯ Vitamin C

Please list the skin care products you are using:

_____

_____

WHAT PROCEDURES/TREATMENTS HAVE YOU PREVIOUSLY RECEIVED?

- ◯ Botox/Daxxify — **Please list the last date**_____
- ◯ Dermal Fillers — **Please list the last date**_____
- ◯ Morpheus8 skin tightening — **Please list the last date**_____
- ◯ Microneedling for hair restoration — **Please list the last date**_____
- ◯ Other laser treatments — **Please list the last date**_____