



GOOD FAITH QUESTIONNAIRE

Patient Name: _____ **DOB:** _____ **Date:** _____

Reason for Visit:

Medical History

Are you currently pregnant/nursing or plan on becoming pregnant? Yes No

Do you have any history of herpes (cold sores)? Yes No

Do you have any metal implants? Yes No

If yes, where? _____

Do you have a history of Thyroid Disease? Yes No

Do you have any muscular weakening diseases? Yes No

Do you have a history of allergic reactions to lidocaine? Yes No

Are you taking any blood thinners? Yes No

If yes, please check all that apply:

Aspirin Motrin/Advil Omega 3 Supplements Other: _____

Are you currently on any retinols or Accutane (*Retin-A, Tretinoin*)? Yes No

Cosmetic History

Have you ever had Botox before? Yes No

If so, when was your last treatment? _____

Did you experience any issues? _____

Have you ever had any laser treatments before? Yes No

If so, what type of laser? _____

Did you experience any issues? _____

If you are here for laser hair removal, is the hair that you plan on treating blonde or grey? Yes No

Have you ever had filler before? Yes No

If so, what type of filler? _____

_____	_____	_____
_____	_____	_____

Please list any medications, herbal supplements, and/or vitamins you are currently taking:

_____	_____	_____
_____	_____	_____
_____	_____	_____

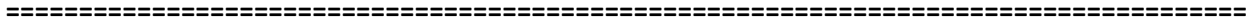
Please list all current medical conditions:

_____	_____	_____
_____	_____	_____

Do you have any allergies? Yes No *(if yes, please list what and reaction)*

Substance: _____ Reaction: _____ Substance: _____ Reaction: _____

Substance: _____ Reaction: _____ Substance: _____ Reaction: _____



Bottom Portion for Office Use Only

Skin Type: _____

Candidate For: *(Check all that apply)*

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Laser Hair Removal | <input type="checkbox"/> IPL (Photofacial) | <input type="checkbox"/> Fillers |
| <input type="checkbox"/> Botox | <input type="checkbox"/> Venus VIVA | <input type="checkbox"/> Venus Legacy |

Notes: