Rejuuuuve4You Cosmetic Surgery Center & Medical Spa
info@rejuuuuve4you.com | 248-338-1110

Health Information as of _____ (enter today's date)

Confidential Record: Information contained here will not be released unless you have authorized us to do so. Please answer all questions to the best of your knowledge.

Name _____ Reason for Visit _____

Age & Date of Birth _____ Height: _____Feet _____ Inches Weight: _____ lbs BMI _____

Current Physician(s) _____

List all Surgeries (Hospital and Date of Occurrence)

List Any Serious Illnesses and/or Accidents:

Do you have or have you had any of the following: (check for each & give date occurred)

Aids	☐No	☐Yes	Heart Trouble	☐No	☐Yes
Arthritis	☐No	☐Yes	Hepatitis	☐No	☐Yes
Asthma	☐No	☐Yes	High Blood Pressure	☐No	☐Yes
Bronchitis	☐No	☐Yes	Kidney Problems	☐No	☐Yes
Cancer	☐No	☐Yes	Malignant Hypothermia	☐No	☐Yes
Depression	☐No	☐Yes	Pneumonia	☐No	☐Yes
Diabetes	☐No	☐Yes	Sinus Problems/Infections	☐No	☐Yes
Dizziness/Vertigo	☐No	☐Yes	Stroke	☐No	☐Yes
Ear Infection	☐No	☐Yes	Tonsillitis	☐No	☐Yes
Epilepsy/Seizures	☐No	☐Yes	Tuberculosis	☐No	☐Yes
Facial Pain	☐No	☐Yes	Ulcers	☐No	☐Yes
Fever Blisters	☐No	☐Yes	Prior Thromboembolism	☐No	☐Yes
Goiter/Thyroid	☐No	☐Yes	Radiation Chemotherapy	☐No	☐Yes
Hay Fever/Allergies	☐No	☐Yes	MRSA	☐No	☐Yes
Headaches/Migraine	☐No	☐Yes			

Do you smoke? ☐No ☐Yes If yes, how much?_____ Pack(s)/Day_____How Long?_____Years

Do you drink alcohol? ☐No ☐Yes If yes, how much?_____ How Often?_____

Do you use recreational drugs? ☐No ☐Yes If yes, describe _____

Do you have bleeding or bruising problems? (including dyscrasias) ☐No ☐Yes If yes, describe _____

Do you have problems with scarring? ☐No ☐Yes If yes, describe _____

Do you have any history of problems with anesthesia? ☐No ☐Yes If yes, describe _____

Are you pregnant / numbers of pregnancies _____

List the name of all medications you are presently taking or have taken within the last month. Please indicate the name of the drug, dosage, and frequency including all oral, injectable, topical, supplements, vitamins, ect.

List ALL drug and/or latex allergies

Advanced Directive? ☐Yes ☐No

The above information is accurate and complete to the best of my knowledge **Signature**

Date