

Dawson Wellness  
 4500 Eldorado Pkwy, Ste 1000  
 McKinney, Tx 75070

New Patient Aesthetic Form

Today's Date: \_\_\_\_\_

Name	Date of Birth	Ht Wt
Address	City	State, Zip
Email Address	Phone Number	

CURRENT MEDICATIONS, BIRTHCONTROL, HORMONES, SUPPLEMENTS:

\_\_\_\_\_

Current Skin Care Routine and Products:

\_\_\_\_\_

\_\_\_\_\_

ALLERGIES:

\_\_\_\_\_

Women are you pregnant or lactating? \_\_\_\_\_

Have you ever been prescribed **Accutane**, if yes, when was last dose? \_\_\_\_\_

**Circle any of the following illnesses you have or have ever had in the past (or family history):**

Myasthenia Gravis	Hepatitis	Cold Sores	Eye Disease
Autoimmune Disease	Numbness	Clotting Disorders	Vision Problems
Muscle Weakness	Cystic Acne	Amyotrophic Lateral Sclerosis (ALS)	Eaton Lambert Disorder
Diabetes	HIV or Immune dysfunction	Trigeminal Neuralgia	Cardiac Disease

Cancer	MRSA infection	Kidney Disease	Liver Disease
Other Illness or Disease:			

I am not currently on Aminoglycosides, Antibiotics, or any other antibacterial medication to treat bacterial infections.

Explain:

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Previous Hospitalization or Surgeries:

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Previous Cosmetic Procedures (such as botox, fillers, chemical peels, laser treatment, photofacial, microdermabrasion, dermal needling, tightening, implants) and Dates

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DID ANY COSMETIC PROCEDURE YEILD UNSATISFACTORY RESULTS?

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I understand the information on this form is essential to determine my medical and cosmetic needs and the provision of treatment. I understand that if any changes occur in my medical history/health I will report it to the office as soon as possible. I have read and understand the above medical questionnaire. I acknowledge that all answers have been recorded truthfully and will not hold any staff member responsible for any errors or omissions that I have made in the completion of this form.

Client Signature:

\_\_\_\_\_ Date: \_\_\_\_\_