JOSERAULMONTES
Eyes & Facial Rejuvenation

MEDICAL HISTORY

JOSERAULMONTES
Eyes & Facial Rejuvenation

Patient Name: _____ What is the reason for your visit? _____

MARK WITH AN X IF THE PATIENT HAS OR HAS HAD ANY OF THE FOLLOWING SYMPTOMS IN THE EYES:

- ___ Abnormal eye movements
- ___ Abnormalities in the shape of the eyes
- ___ Bright lights or floaters
- ___ Bulging eyes
- ___ Crossed eyes, misaligned, strabismus
- ___ Double vision
- ___ Dry eyes
- ___ Excessive lacrimation
- ___ Eye pain
- ___ Eyelids do not close completely
- ___ Fallen eyelids
- ___ Frequent secretions
- ___ Itching, foreign body sensation, burning
- ___ Loss of color vision
- ___ Loss of night vision
- ___ Loss of vision or blurred vision
- ___ Red eyes
- ___ Sensitivity to light
- ___ White pupils

MARK WITH AN X IF THE PATIENT HAS HAD ANY OF THE FOLLOWING PROBLEMS OR TREATMENTS IN THE EYES:

- ___ Blind from birth
- ___ Cataract
- ___ Contact Lenses: Since when?
- ___ Examination by an eye specialist
- ___ Eyeglasses: Since when?
- ___ Glaucoma
- ___ Hereditary eye diseases
- ___ Patch therapy
- ___ Retina diseases
- ___ Surgery in the eye muscles
- ___ Other eye surgeries

MARK WITH AN X IF THE PATIENT SUFFERS FROM ANY OF THESE DISEASES OR SYMPTOMS. SINCE WHEN?

- ___ Cancer
- ___ Cerebral Palsy
- ___ Changes in behavior
- ___ Convulsions, epilepsy
- ___ Delayed in development
- ___ Depression
- ___ Diabetes mellitus
- ___ Dizziness
- ___ Headaches
- ___ Heart disease
- ___ **Herpes episodes**
- ___ Hereditary Diseases
- ___ Hypertension
- ___ Kidney disease
- ___ Infections from skin inflammation
- ___ Lung diseases, asthma
- ___ Mental disorders
- ___ Metabolic diseases
- ___ Nausea or frequent vomits
- ___ Neurological diseases
- ___ Paralysis
- ___ Rheumatologic diseases, arthritis
- ___ Serious infections
- ___ Sinuses
- ___ Skin disease
- ___ Stroke
- ___ Thyroid disease
- ___ None of these
- ___ Other diseases or symptoms

PREVIOUS SURGERIES OR HOSPITALIZATIONS: ☐ No Yes ☐

MARK WITH AN X IF YOU ARE CURRENTLY UTILIZING ANY OF THESE MEDICINES:

- ___ ***Aspirin***: Acuprin81, Bayer, Bufferin, Easprin, Ecotrin, Empirin, Halfrin, Norwich ASppirin St. Joseph Aspirin, Zorprin
- ___ ***Ibuprofen***: Advil, Advil Allergy Sinus, Advil Cold, Advil Cold and Sinus, Advil Migraine, Cap Profen, Children's Advil Allergy Sinus, Children's Elixsure, Children's Motrin Cold, Excedrin IB, Genpril, Ibuprin, Ibuprohm Cold and Sinus, Ibu-Tab 200, Liqui-gels, Medpren, Midol 200, Midol IB, Motrin, Motrin IB, Motrin Migraine Pain, Nuprin, Pamprin Ib, Pediacare Fever, Pediaprofen, Profen, Rufen, Saleto 200, and 400, Sine-zAid Ib, Tab Profen, Trendar, and Uni-Pro
- ___ ***Ketrofen***: Actron, Ketofren, and Orudis KT
- ___ ***Naproxen***: Alece, Anaprox, Anaprox DS, EC-Naproxyn, Napreland, and Naprosyn
- ___ ***Vitamin Supplements***: Vitamin A, Vitamin E
- ___ ***Natural Supplements***: Arnica, Bromelain, Dong Quai, Feverfew, Garlic, Ginkgo, Ginger, Ginseng, Licorice, Omega 3 fatty acids and saw palmetto

ALLERGIES TO MEDICINES OR FOOD:

MEDICATIONS USED BY THE PATIENT AT HOME:

HABITS:

Use of alcoholic beverages ☐ Yes ☐ No
Use of cigarette ☐ Yes ☐ No
Use of drugs ☐ Yes ☐ No

Important: A patient who is currently in treatment with ACCUTANE, will not be able to receive any type of laser treatment until after six (6) months after completion of the treatment. ACCUTANE is a medication used for the treatment of severe acne. Moreover, the patients in the treatment of ACCUTANE are advised to avoid the use of hot waxing systems or to submit to any procedure of skin treatment, such as dermabrasion or laser treatment.

Patient's Signature: _____ Date: _____

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