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BODY DEZIGN HOUSE

MEDICAL HISTORY FORM – COSMETIC PATIENT

Welcome to BODY DEZIGN HOUSE. Please complete this form in preparation for your consultation.

Contact Details:

Full Name: _____ Title: _____

Date of Birth: _____ Occupation: _____

Postal Address: _____ Post Code: _____

Email Address: _____ (used for newsletters only)

Mobile: _____ Home: _____ Work: _____

Medicare Number: _____ No: on card: _____ Expiry date: _____

Who is your regular GP? _____

Can we leave messages for you identifying the Clinic as the caller? (Please circle) YES / NO

I authorise the following person to take messages on the provided numbers regarding reminder or change of appointment:

Next of Kin: _____ Relationship: _____ Contact No: (____) _____

How did you hear about Body Dezin House? (Please circle)

Signage/Drive by	Word of Mouth	Google Search	Facebook	Instagram	Website	Local Newspaper	Brochure/Flyer
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Medical Conditions and treatment:

Are you a carrier of **Hepatitis (liver virus or disease) – HAV, HBV or HCV?** (Please circle) YES / NO

* Do you have any of the following medical conditions or implanted medical devices listed below?

ANGINA (heart pain)	YES / NO	RESPIRTORY ILLNESS (lung problem)	YES / NO
HYPERTENSION (High BP)	YES / NO	BLEEDING DISORDER	YES / NO
DIABETES (high blood sugars)	YES / NO	RECENT VIRAL ILLNESS	YES / NO
RENAL DISEASE	YES / NO	HIV/AIDS	YES / NO
CANCER	YES / NO	CHICKEN POX or SHINGLES	YES / NO
DENTURES	YES / NO	PACEMAKER	YES / NO
METAL IMPLANTS	YES / NO	CONTACT LENSES	YES / NO

* If you answered YES for any of the above, please describe your treatment.

* Have you experienced any of the medical issues listed below? (Please circle)

DEEP VAIN THROMBOSIS (Blood clots in the leg)	YES / NO	DIFFICULTIES WITH ANAESTHESIA	YES / NO
PULMONARY EMBOLISM (Blood clots in the lung)	YES / NO	INFECTIONS (such as MRSA)	YES / NO
HEART ATTACKS	YES / NO		

HEIGHT: _____ cms

WEIGHT: _____ kgs

* If you answered YES for any of the above, please describe your treatment.

* Please list any major operations that you have had.

* Did you suffer any major complications from past operations?

* If you have a condition not listed above, please describe.

Medications:

* Which medications are you currently taking (prescription, over the counter or herbal)? Please take special care to list any blood thinners such as **Asprin, Warfrin** and **Fish oils**.

* Are you allergic to any medications? (Please circle) YES / NO

* If yes Please specify: _____

Alcohol: Never or Average number of drinks each day _____

Smoking: Never or Average number each day _____

or If you quit in the last 5 years, when? _____

* Would you be interested in receiving information regarding the following procedures that we do:-

Procedure	Description	Please Circle
Thread Lift	Non-surgical face lift using absorbable threads.	YES / NO
Jett Plasma	Tightens lax skin & stimulates collagen production, non-surgical blepharoplasty for the eye area.	YES / NO
Anti-Wrinkle Injections	Smooths wrinkles by preventing or reducing muscle movement. Also for excessive underarm sweating.	YES / NO
Hydrodermabrasion	Facial treatment - Gentle exfoliation of dead surface skin cells and infusion of specialised treatment solutions & serums.	YES / NO
SHR Hair Removal	Pain free IPL/laser technology for permanent hair reduction.	YES / NO
Excel V Laser	Facial vessels, leg veins and pigmentation reduction.	YES / NO
Medical Peels	Superficial & medium depth peels for acne, sun-damage, pigmentation, lines & wrinkles.	YES / NO
CRISTAL Fat Freezing	Permanently reduces number of fat cells by 30-40%. Best for distinct bulges of stubborn fat, resistant to diet and exercise.	YES / NO
Scerlothrapy	Saline injections for treatment of spider veins.	YES / NO
ThermiSmooth	Non-invasive skin tightening procedure applies precise heating to the skin's surface to safely and gently improve fine lines and skin laxity, smoothing out the look of the skin.	YES / NO
Evolux -Radio Frequency	Stimulates production of collagen to firm and tighten skin.	YES / NO
Dermal Fillers	Injectable soft tissue filler for lip augmentation and erasing lines & wrinkles.	YES / NO
Ultherapy	Non-surgical lifting & tightening.	YES / NO
Laser Genesis	Non-invasive laser technology to safely and effectively treat fine-lines & wrinkles, reduce excessive redness and help manage large pores, uneven skin texture, and scars.	YES / NO
Fat Cavitation	Ultrasound and Radiofrequency for simultaneous fat reduction and skin tightening.	YES / NO
Clear+Brilliant Laser	Laser Resurfacing for luminosity and treating pigmentation. Also for stimulating collagen production.	YES / NO
Healite	LED for Rejuvenation, Healing & Pain Management	YES / NO
ThermiVa	Vaginal Rejuvenation & Incontinence treatment	YES / NO
Nanopore	Skin Needling - Collagen Induction Therapy (CIT) is a natural treatment to improve skin texture, smooth wrinkles, fine lines and soften scars. It is suitable for all skin types and all areas of the face, neck, décolletage and hands.	YES / NO
PRP	Platelet Rich Plasma – Treats dark circles under eyes, stimulates hair regrowth & rejuvenates skin.	YES / NO
Photodynamic Therapy	Medical treatment with a topical medication and LED light for various skin conditions including some skin cancers.	YES / NO

Expectations:

At Body Deziign House we pride ourselves on making our patients “Healthy & Happy” by attempting to meet their Aesthetic expectations. As such, may we ask you to share your expectations with us by taking sometime to answer the following questions which will be discussed during your consultation:

* What concerns about your appearance have brought you to Body Deziign House?

* What is it that you are hoping to achieve with us?

Thank you for taking the time to share your thoughts and Dr Asadi looks forward to working through these during your appointment.

Agreement & Signature:

Privacy Agreement – In order to comply with the Privacy Laws (Privacy Act Amendments – Private Sector – Act 2000) your agreement to the following statement is required:

I agree to allow Dr Asadi access all relevant information regarding my medical conditions. I understand that Dr Asadi may be required to forward information about my medical condition or history to other health care providers. I understand that to provide the highest medical care, my clinical records may be accessed or reviewed by staff in this Clinic/Practice.

Use of email – I agree to the use of my email address for correspondence relating to Body Deziign House including marketing material. Body Deziign House will never provide these details to third parties and I can unsubscribe at any time. (Please circle) YES / NO

Payment Policy – I understand that if I proceed with a treatment that all payments are required before the treatment.

Photograph Policy - All cosmetic patients have before and after photos taken which are kept with your records. On some occasions, Dr Asadi will use these photos, with reasonable identity protection, for educational or marketing purpose. If you would prefer your photos not to be used in this way, please circle: OPT OUT

Signed: _____

Date: _____



Patient Partnership Agreement

Thank you for choosing Body Dezin House for your aesthetic needs. This document details what we ask of you as we enter into a partnership to provide your cosmetic medical care. If you have any questions, please don't hesitate to ask.

Please pay charges at time of service

All aesthetic treatment charges are due at time of service.

Appointments

As a courtesy, Body Dezin House staff will strive to contact and remind you the day before your scheduled appointment. Please arrive 10 minutes before your appointment time is scheduled to allow for the check-in process. We strive to ensure that your appointment begins at the time that it is scheduled, and the check-in process occurs prior to your appointment.

Cancellations

If you are unable to make your appointment, please let us know as soon as possible so we can allow another patient to receive care during that time. Please call us at least 24 hrs before any appointment if you need to cancel or reschedule. If you miss your appointment, and do not call to cancel or reschedule within the requested time, a missed appointment fee may be charged.

Missed Appointment / Late Cancellation Fees

- \$100 per half hour for any cosmetic appointment, apart from Ultherapy, Threadlift, ThermiVa
- Ultherapy, Threadlifts, ThermiVa - The required scheduling deposit of \$700 will be forfeited.

Deposits

A \$700 deposit is required for Ultherapy, Threadlift and ThermiVa procedures. This deposit is non-refundable but can be used as credit towards other procedures and products.

I have read and understand this document and agree to abide by its terms. All of my questions regarding this document have been explained to me.

Patient Name: _____

Patient Signature: _____

Date: _____



Australian Government
Australian Radiation Protection
and Nuclear Safety Agency

Fitzpatrick Skin Type

The most commonly used scheme to classify a person's skin type by their response to sun exposure in terms of the degree of burning and tanning was developed by Thomas B. Fitzpatrick*, MD, PhD. Examples are given below.

* Fitzpatrick, T.B. (1988) The validity and practicality of sun reactive skin types I through VI. Arch Dermatol 124; 869-871.

Eye colour

- 0. Light colours
- 1. Blue, gray or green
- 2. Dark
- 3. Brown
- 4. Black

Natural hair colour

- 0. Sandy red
- 1. Blond
- 2. Chestnut or dark blond
- 3. Brown
- 4. Black

Your skin colour (unexposed areas)

- 0. Reddish
- 1. Pale
- 2. Beige or olive
- 3. Brown
- 4. Dark brown

Freckles (unexposed areas)

- 0. Many
- 1. Several
- 2. Few
- 3. Rare
- 4. None

If you stay in the sun too long?

- 0. Painful blisters, peeling
- 1. Mild blisters, peeling
- 2. Burn, mild peeling
- 3. Rare
- 4. No burning

Do you turn brown?

- 0. Never
- 1. Seldom
- 2. Sometimes
- 3. Often
- 4. Always

How brown do you get?

- 0. Never
- 1. Light tan
- 2. Medium tan
- 3. Dark tan
- 4. Deep dark

Is your face sensitive to the sun?







- 0. Very sensitive
- 1. Sensitive
- 2. Sometimes
- 3. Resistant
- 4. Never have a problem

How often do you tan?

- 0. Never
- 1. Seldom
- 2. Sometimes
- 3. Often
- 4. Always

When was your last tan?

- 0. +3 months ago
- 1. 2-3 months ago
- 2. 1-2 months ago
- 3. Weeks ago
- 4. Days

Score		
0-6	Skin Type I	
Always burns, never tans (pale white skin)		
7-13	Skin Type II	
Always burns easily, tans minimally (white skin)		
14-20	Skin Type III	
Burns moderately, tans uniformly (light brown skin)		
21-27	Skin Type IV	
Burns minimally, always tans well (moderate brown skin)		
28-34	Skin Type V	
Rarely burns, tans profusely (dark brown skin)		
35+	Skin Type VI	
Never burns (deeply pigmented dark brown to black skin)		

Images sourced from iStockphoto

* The information published here is not intended to take the place of medical advice. Please seek advice from a qualified health care professional.