

Clients Name:

DOB:

GOOD FAITH MEDICAL SCREENING EXAM

1. Medical history and current medications have been reviewed.
2. Patient is determined to be healthy enough to be considered low risk for complications from planned aesthetic procedures.
3. Acknowledgement that the patient is not pregnant or breast-feeding.
4. No known hypersensitivity to reactions to medications including botulinum toxin A products or sensitivity to milk proteins or human albumin.
5. Bleeding and bruising risk: Patient has no bleeding or clotting disorders. No history of taking medications such as Coumadin, Xarelto, Eliquis, or Plavix. Client has been advised to avoid alcohol, aspirin, and non-steroidal anti-inflammatories prior to the procedure.
6. Cardiac risk factors such as arrhythmia or severe coronary artery disease that could be worsened by a medical procedure.
7. Neurologic risk factors: No history of Myasthenia Gravis, Amyotrophic Lateral Sclerosis, Bell's Palsy, Systemic Lupus, Fibromyalgia, Trigeminal neuralgia, or Multiple Sclerosis.
8. Skin disorders: Patient has no chronic eczema, active skin infections including Acne, or other chronic skin disorders in the area of planned treatment.
9. Individual has no autoimmune disorder and is not taking immunosuppressive medications.
10. Individual does not have systemic allergies, chemical sensitivities, or history of allergic reactions such as hives, angioedema, severe asthma, or multiple drug allergies.
11. Client has been advised of all options and alternative procedures, or referrals for cosmetic concerns and goals.
12. Client does not have medical history of CHF, Kidney Disease, Heart Disease or any other condition that results in fluid overload.

Understanding that a patient's medical history and medications may change over time requires updates and evaluation by our clinicians for any current and future treatments. It is a duty and obligation for patients to inform and the treating clinicians to update any recent changes in their medical history to insure the safety of ongoing medical aesthetic treatment plans. Registered Nurses will be required to obtain authorization from MD/NP/PA prior to treatment. If there are changes in medical conditions, new medications, or concerns about any increased complication risk based on the information listed above.

Signature of this document represents that a medical review and evaluation has been performed. It has been determined that there is reasonable and medical certainty ensuring a low or acceptable risk profile related to any Aesthetic procedures provided by the company.

Upon review of the available information regarding patient's current and past medical history, medications, and overall physical health profile our medical professionals have reasonable medical certainty to proceed with the treatment plan offered at:

(Name of your spa)

Practitioners Signature and Date