



# New Client Medical & Aesthetic History Form

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Fill in the fields using Adobe Reader XI or newer, print, sign and bring with you to the office. Ask for a copy of the form for your records.

## Personal Information

First Name:  Last Name:  Birth Date:  Date:

Address:  City:  State:  Zip Code:

Home Phone:  Cell Phone:  Work Phone:

Email Address:  Occupation:

How did you hear about Westwind Cosmetic & Laser?

What brings you to Westwind Cosmetic & Laser?

What is your ethnic background?

## Medical History & Medical Conditions Past or Present

Do you have any chronic medical conditions we should know about?  Yes  No

If yes, please explain.

- Please check all that apply:  Eczema  Thyroid Imbalance  Diabetes  High Blood Pressure  
 Pace Maker  Heart Condition  Cancer  Hepatitis  Shingles  Migraine Headaches  
 Diseases of the nerves or muscles (ALS, Myasthenia Gravis, Lambert-Eaton)  
 Autoimmune Disease (e.g. Rheumatoid Arthritis, Scleroderma, Lupus)

Do you have a life threatening allergy to anything?

Do you have any allergies to latex, lidocaine, sulfa medications, hydroquinone, aloe, bee stings, or herbal or natural supplements?  Yes  No

If yes, please list?

## Medical History & Medical Conditions Past or Present

Do you have, or have you had, any changes in your medical history recently?  Yes  No

If yes, please explain?

Please list all current / past surgeries or surgical procedures?

Please list any current medications you are taking including:  
(Antibiotics, antiviral, iron supplements, gold therapy,  
coumadin, drugs which may cause photosensitivity, and any  
herbal medicines?

Are you taking any anticoagulants, daily aspirin, Motrin, Advil, Plavix or Xarelto?  Yes  No

Do you smoke?  Yes  No

Do you have veneers on your teeth?  Yes  No

Do you have a history of cold sores, fever blisters, herpes 1 or 2 or HIV / Aids?  Yes  No

If yes, when was the last outbreak?

\* The use of lasers and IPL can trigger an outbreak.

Do you have a history of hyper/hypo-pigmentation (darkening or lightening of the skin)?  Yes  No

Have you had hair removal by plucking, waxing, electrolysis or depilatory creams within the last 4 weeks?  Yes  No

Do you have a history of keloid scarring?  Yes  No

Do you have a history of easy bruising or bleeding?  Yes  No

Have you had a recent increase in hair amount?  Yes  No

Have you ever had skin cancer?  Yes  No

Have you ever had a photosensitivity disorder (e.g. lupus)?  Yes  No

Do you have a personal history of seizures?  Yes  No

Have you used Accutane within the past 6 months?  Yes  No

Do you have scars on your face?  Yes  No

Are or could you be pregnant?  Yes  No

Are you currently breast feeding?  Yes  No

Are your menstrual cycles normal?  Yes  No

What is the name of your regular physician?

## Skin Related & Aesthetic Treatment Questions

Have you ever been treated with microdermabrasion, a laser, chemical peel, or injection?  Yes  No

If yes, please list?

Do you have permanent make-up or tatoos?  Yes  No

If yes, where?

What skin care products are you currently using?

Are you happy with your current skin care products?  Yes  No

Do you or have you used any topical medications or creams such as: Retin-A, Renova, Tazorac, Differin, Obagi, or any others?  Yes  No

If yes, please list?

Please tell us about your skin. (Check all that apply)

- Normal  Dry  Oily  Acne  Large Pores  Melasma  Hyper-pigmentation (darkening)  
 Hypo-pigmentation (lightening)  Broken Capillaries

What is your natural hair color?

What is your eye color?

Have you had any recent sun exposure in the past 4-6 weeks including tanning beds, bronzing creams or spray on tans?  Yes  No

If yes, please specify?

What are your skin care goals?

Please identify what you would like to see improved in your skin. (Check all that apply)

- Reduction of wrinkles and fine lines  Reduction of brown spots or sun damage  Reduction of hair  
 Reduction of oil / acne  Reduction of dark or light spots

Additional information you would like us to know?

I certify that the information I have provided is complete and accurate  Yes  No

Client Signature \_\_\_\_\_