

Health declaration



Date of consultation: Customer number

Personal information

Name

Social security number

Address

Phone

e-mail

Profession / occupation

The personal information we collect is handled responsibly with consideration to your privacy.

We handle all personal data in accordance with current legislation.

I AGREE THAT YOU SEND INFORMATION TO ME ON

FOLLOWING:

Newsletter Email

Patient-related information E-mail Letter Text

Customer survey E-mail

HEALTH INFORMATION

Do you regularly take any medicine? (Also applies to birth control pills, hormones, vitamins and herbal remedies.)

Yes No.

If so, which one?

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.....

Do you have, or have you had, any serious illness?

Yes No.

If so, what and when?

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Do you have, or have you had, any skin disease?

Yes No.

If so, which one?

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Do you have epilepsy?

Yes No.

Do you have high blood pressure?

Yes No.

Do you have diabetes?

Yes No.

If so, what type?

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Do you have lip herpes (herpes on the face)?

Yes No.

Do you have an ongoing infection?

Yes No.

Do you have any kind of blood infection?

Yes No.

If so, which one?

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Are you hypersensitive or allergic to any medications?

Yes No.

If so, which ones?

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Have you done any skin treatments before (f.eg. chemical peeling, laser or needling)?

Yes No.

If so, what / which?

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Have you previously reacted to skin treatments or skin care products?

Yes No.

If so, against what?

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Have you experienced delayed wound healing, scarring or pigmentation after skin treatments?

Yes No.

If so, what?

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Have you been hospitalized abroad in the last 6 months?

Yes No.

If so, when?

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Do you use any form of nicotine? Also applies to nicotine patches and such.

Yes No.

If so, which and how much?

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Is there any possibility that you are pregnant?

Yes No.

Do you suffer from any mental illness?

Yes No.

Do you feel completely healthy?

Yes No.

I certify that the above information is true, and I understand that untrue / incomplete information may pose a security risk in my processing. I give my permission for journal documents to be saved and requisitioned.

Date of return visit: _____

Place and date: _____

SIGNATURE: _____