



Broadway
Family Clinic
Cosmetics

Cosmetics @ The Guest House:
605 Brunt Blvd. Suite B, Sikeston, MO. 63801
P: 573-803-3995
F: 573-803-5222

Last Name _____ First Name _____ MI _____

Social Security# ____/____/____ Date of Birth ____/____/____ Male _____ Female _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Email _____ Referred By _____

Emergency Contact Name _____

Phone Number _____

Please list any drug, makeup, skin or food allergies (soaps, cleansing creams): _____

Are you under the care of medical provider now or in the last two years? _____

If yes, please provide the medical provider's name, address and phone number _____

Please list all medications you are currently taking (include OTC, prescriptions, herbal and supplements): _____

Have you recently undergone a skin peel? _____

What products do you use for skin care? _____

Do you have or have you ever had any of the following conditions (answer yes or no):

_____ Abnormal Heart Condition _____ Cold Sores _____ Herpes Simplex _____ Hemophilia

_____ High or Low Blood Pressure _____ Prolonged Bleeding _____ Circulatory Problems

_____ Epilepsy _____ Diabetes _____ Fainting Spells/Dizziness _____ Glaucoma

_____ Dry Eye _____ Corneal Abrasion _____ Eye Surgery or Injury _____ Blepharoplasty

_____ Visual Disturbances _____ Cancer _____ Tumors/Growths/Cysts

_____ Chemotherapy/Radiation _____ Pregnant (currently) _____ Hepatitis

_____ Do you wear contact lenses? _____ Are you using any eye drops or other ocular medications?

_____ Have you ever experienced hyperpigmentation from an injury? _____ Do you use tobacco products?

_____ Are you currently taking aspirin or ibuprofen? When was your last eye exam? ____/____/____

Signature

Date



Facial Filler Medical Questionnaire

Facial fillers are made of a Hyaluronic Acid mixture and are FDA approved for use in the United States and have been used safely for many years. The procedure to inject the filler takes only a few minutes and lasts from 12-18 months. There are several brands of fillers, and some are approved for specific areas of treatment, but Revanesse and Juvederm are used in all areas of the face.

Have you used a filler before? _____

Did you have any reactions at the site of the injection? _____

If so, what was it? _____

Were you pleased with the results? _____ How long did the filler last? _____

The patient must realize that the treatment results may not be exactly what was expected. Each person's skin is unique, and at times the treatments must be refined to get the exact desired result. Bruising and swelling at the injection site may occur, ice can be applied to the area. Massaging of the site after the treatment may cause the filler to conform more to the desired shape. The technician will demonstrate the technique to be used.

Patient Signature

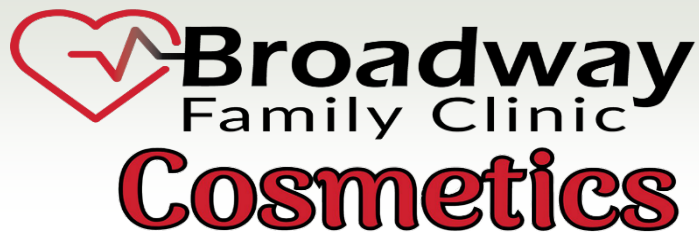
Date

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Neurotoxin Medical Questionnaire

Potential side effects of neurotoxin use are blurred vision, dry mouth, flaccid muscles, nausea and dizziness.

There are several types of neurotoxins such as Botox, Jeuveau, Dysport, Xeomin and Daxxify. Some of these are FDA approved for specific areas of the face. Botox is the neurotoxin I most commonly use and is approved for the elevens, the outer edges around the eyes, above the lips and the forehead. Botox may last up to three or four months.

These neurotoxins are made from a toxin that causes the muscle in which it is injected to decrease movement, which prevents overuse of the muscle and therefore decreases the wrinkling of the skin that covers that muscle. This technique and chemical are FDA approved and has been used for many years. The patient must realize that the effect that is presented may not be what was expected. There is also a chance that the toxin may migrate to an area that is lower than the injected area and may cause a temporary decrease in movement of the muscle to which it has migrated.

Have you ever had a neurotoxin injected? _____

If so, did you have any problems with side effects or flaccid muscles? _____

Do you have an infection in the area that the neurotoxin will be injected? _____

Are you allergic to anything that is in the neurotoxin such as eggs/albumin? _____

Do you have Diabetes I or II that is uncontrolled? _____

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Do you have Congestive Heart Failure or Coronary Artery Disease that is uncompensated? _____

Do you have Rheumatoid Arthritis or SLE? _____

Do you have any diseases that affect your nerves or muscles? For example: Myasthenia Gravis, Multiple Sclerosis, Bell's Palsy, Eaton-Lambert Syndrome

Are you planning on becoming pregnant soon, or are you pregnant? _____

Are you breastfeeding? _____

Are you taking Clindamycin, Tobramycin, Gentamycin, or Lincomycin? _____

Are you now, or have you taken Aspirin, Coumadin, Heparin or NSAID medications in the last two weeks? _____

Are you taking any heart medications that are for a rhythm problem? _____ Example: Quinidine

Are you taking any medications for Alzheimer's Disease? _____

Are you taking any over-the-counter/herbal medications? _____ If so, what? _____

The patient must understand that after treatment, bruising and slight swelling may occur. Ice can be used at the injection site. DO NOT MASSAGE AREAS. The areas treated must be kept upright for 3 hours to help prevent migration. Any signs of flaccid muscles, problems swallowing, or acute pain must be reported immediately to the technician or your medical doctor.

Patient Signature

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