# Élan Med Spa

Minimum of 24 hours' notice required to cancel appointment to avoid late fee.

## Basic Information

Name: _____ Date of Birth: _____

Address: _____City:_____State:_____Zip:_____

Home Phone: _____ Mobile Phone: _____

Employer: _____WorkPhone:_____

Email Address: _____Preferred Pharmacy: _____

Emergency Contact: _____ Phone Number: _____

How did you learn about Elan? _____

## Medical History

Primary Family MD: _____

Other Specialist MDs: _____

Current Diagnoses:_____

_____

***(Circle Yes, if applicable)***

| | |
|---|---|
| High Blood Pressure | Yes/No |
| Cardiovascular disease (heart attack, stroke, bypass surgery, angioplasty, stents) | Yes/No |
| Neurologic abnormalities (ALS, Lou Gehrig's disease, myasthenia gravis, Lambert-Eaton, multiple sclerosis, Bell's palsy) | Yes/No |
| Bleeding or clotting disorder | Yes/No |
| Diabetes | Yes/No |
| Migraine headaches | Yes/No |
| Eyelid lag or ptosis | Yes/No |
| Glaucoma or other eye problems | Yes/No |
| Hepatitis or HIV | Yes/No |
| Fever blisters | Yes/No |
| Keloids | Yes/No |

Surgeries (list ALL): _____

_____

Allergies (list ALL): _____

_____

Daily Medications (list ALL): _____

_____