



PRE-OPERATORY QUESTIONNAIRE

Name: Surname: Occupation:
 Size:cm Weight:kg Age:

MEDICAL HISTORY

- Do you have abnormal bleedings or any recurrent hematoma? YES NO
- Are you following any anti-coagulated treatment or are you taking aspirin, Non-steroidal anti-inflammatory drugs or Vitamin C regularly ? YES NO
- Do you have any known allergies? YES NO

Have you ever had any of the following?

- Epilepsy which is not controlled by treatment
- Tendency to develop hypertrophic scars
- Porphyria
- Active (or a history of) autoimmune disease
- A history of streptococcal disease (recurrent throat infections, acute rheumatic fever with or without cardiac involvement)
- Areas affected by inflammatory and/or infectious skin problems (acne, herpes etc.) or tumors at or near the treatment site
- Undergoing laser or UV treatment, deep chemical peel, dermabrasion or prolonged sun exposure. Following a superficial peel, injection is not recommended if the inflammatory reaction induced by the peel is significant and/or still visible
- Receiving medical treatment that reduces or inhibits liver metabolism (cimetidine, beta blockers)

- Are you or likely to be pregnant? YES NO
- Are you breastfeeding? YES NO
- Are you allergic to local anesthesia? YES NO



- Are you taking medicine? YES NO
Which product?

- Did you have surgery? YES NO
- Were there complications due to anesthesia? YES NO
Which type?

- Do you or did you suffer from health problems such as:

 - Muscles disease or weakness YES NO
 - Heart disease YES NO
 - Blood pressure disease YES NO
 - Skin disease YES NO
 - Lung and breath disease YES NO
 - Liver and vesicular disease YES NO
 - Kidney disease YES NO
 - Diabetic disease YES NO
 - Endocrinology disease (thyroid, goiter) YES NO
 - Neurologic disease (epilepsy, paralysis) YES NO
 - Troubles of comportment (depression) YES NO
 - Blood disease or coagulation (hematoma or bleeding) YES NO

- Do you have an infectious cronical disease (VIH, hepatitis B or C) YES NO

- Are you allergic (plants, food or medic allergy)? YES NO
Which type? :

- Are you allergic or body sensitive to implant or instrument materials in particular plastic/biomaterial? YES NO

- Have you ever had any anaphylactic reaction (severe allergic reaction)? YES NO

- Have you ever undergone any aesthetics or surgical intervention on your face? YES NO

- Do you suffer from another disease we didn't mention? YES NO
Which type?

- Other information of interest?
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AESTHETIC HISTORY

Injection:

If yes, which product(s) were you injected with?

In which area were you injected?When?

Threads:

If yes, which product(s) were you treated with?

In which area were you treated?When?

Laser:

If yes, which laser(s) were you treated with?

In which area were you treated?When?

Surgical:

If yes, which surgical intervention?

In which area were you treated?When?

Others please specify (peeling...):

Date :

Signature :

*The risk of infection is essentially hair. It is therefore necessary to perfectly disinfect **the entire hair** (wet thoroughly with Betadine). Take all precautions to avoid tangle hair with the wire (very wet or with gel hair), hair cut around the input points, use clips or micropore to fix*