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## Sample Medical history

Client name: .....

Date: .....

Please tick

Yes No

**Are you pregnant or breast feeding?**

Are you fit and well?

Are you over 18 or under 65?

**Are you susceptible to Hypertrophic scarring?**

**Are you susceptible to Keloid formation?**

**Do you suffer from any allergies, in particular allergies or hypersensitivity to antibiotics, steroids, latex?**

**Are you currently receiving any medical treatment?**

Do you have a pace maker or metal implant?

Do you have any heart condition?

**Are you currently taking any anti-depressants, steroids, aspirin or anticoagulant (e.g warfarin, heparin, marcumar)?**

**Have you previously received, or going to receive any aesthetic treatments (e.g laser, Botox dermal fillers, peels, dermabrasion etc.)?**

**Have you ever suffered from autoimmune disease or any diseases affecting the immune system?**

**Have you been diagnosed with Diabetes?**

**Do you have any skin infections or inflammatory problems (e.g. herpes even if not active, acne etc.)?**

**Do you suffer from epilepsy?**

**Do you suffer from heart rhythm disorder?**

**Do you consent to have a patch test before proceeding with the 'BeautyTeck' treatment?**

If you have answered Yes to any of the above questions, please provide further details:

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Client's signature: ..... Date: .....