



**DESERT MEDICAL REJUVENATION**  
**MEDICAL HISTORY FORM**

**ALLERGIES**

Are you allergic to any medications?  YES  NO  
If yes, please list: \_\_\_\_\_

Have you ever had an allergic reaction to any of the following? (Please check all that apply and describe the reaction you experienced)  
 Food  Latex  Aspirin  Lidocaine  Hydrocortisone  
 Hydroquinone or bleaching agents  Others: \_\_\_\_\_  
Reasons: \_\_\_\_\_

**MEDICATIONS**

Please list all medications you are currently taking (including prescriptions, over-the-counter meds, and vitamins):  
Prescriptions: \_\_\_\_\_  
Over-the-counter: \_\_\_\_\_  
What topical medications or creams are you currently using?  Retin-A  Others: \_\_\_\_\_

**REVIEW OF SYSTEMS**

Do you have now, or have you ever had any of the listed diseases or conditions? (Please check all that apply)

**DERMATOLOGY**

- oily skin
- dry skin
- red or brown spots
- fine lines/wrinkles
- sun damage

**GENERAL**

- currently pregnant
- currently breastfeeding
- diabetes
- reaction to antibiotics
- reaction to bandages
- anticoagulant daily

**ENDOCRINE**

- excessive sweating
- heat/cold intolerance

**MUSCULOSKELETAL**

- arthritis/joint deformity
- artificial joints

**GASTROENTEROLOGY**

- nausea
- vomiting
- gastro-intestinal problems

**PSYCHOLOGY**

- depressions
- suicidal thoughts
- mental or physical abuse

**BLOOD/LYMPH**

- mood swings
- obsessive-compulsive
- swollen glands
- fatigue
- varicose veins
- easy bruising
- bleed easily
- blood clots
- thyroid problems

**CARDIOLOGY**

- chest pain
- palpitations
- leg swelling
- heart attack
- high blood pressure
- pacemaker

**NEUROLOGY**

- headaches
- tingling/numbness
- seizures/dizziness

**RESPIRATORY**

- asthma
- chest tightness
- cough/wheezing
- bronchitis
- emphysema

I attest that the information I have provided above is correct, complete and current, realizing that the medical care provided to me may be based on this information.

PATIENT NAME: \_\_\_\_\_  
PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_