



SOCIAL HISTORY

Patient Name: _____ Occupation: _____

Original Hometown: _____ Local Residence: _____

Permanent Resident: Yes / No If No, Where else do you reside? _____

Spouse/Significant Other's Name: _____ Occupation: _____

Do you want your spouse/significant other to know about your treatments? Yes / No

Names/Ages of Children: _____

Names/Ages of Parents: _____

Pets: _____

Do you smoke tobacco? Yes / No If Yes, How much? _____ Do you want to Quit? Yes / No

Do you drink alcohol? Yes / No If Yes, How much? _____

Please understand that you should try to abstain from alcohol at least 24 hours prior to any injection as it can lead to an increased incidence of bruising. This is the same for any Non-Steroidal Anti-Inflammatory Drug such as Aspirin or Advil.

Hobbies: _____

Please refrain from any hobbies (for at least 24 hours) that would cause blood to rush to your face after Botox or Dysport injections. There is a higher incidence of the product spreading away from the injection site if face is overheated from hanging upside down, exercise or sports which could lead to more blood rushing to your face.

Other Cosmetic procedures considering: _____

Previous cosmetic Doctors & procedures: _____

Name of Primary Care Physician: _____

Please list any other information that you would like to discuss with the doctor: _____

Please understand that due to HIPPA Privacy Law, Dr. Besnoff cannot approach you if he sees you out in public. This is to protect those patients who may not want their spouse, significant other, family or friends to know that they see a cosmetic physician. On the other hand, please approach Dr. Besnoff if you feel comfortable; he loves to interact with all of his patients in and out of the office and has no problem discussing anything whether or not it is related to your treatment.

Patient Signature: _____ Patient Name: _____ Date: _____

Witness Signature: _____ Witness Name: _____ Date: _____