Truly You
Concierge Aesthetic Services

8761 Perimeter Park Blvd #101
Jacksonville, FL 32216
904-374-6498
904-724-5770

Dr. Leiah Walrod, Medical Director
Tosca R. Moore, BSN, RN, Aesthetic Injection Specialist
Sean P. Moore, RN, Aesthetic Injection Specialist
386-589-5881

Name: _____ Date: _____

Address: _____

City/State:_____ Zip: _____

Date of birth: _____ Phone #: _____

Social Security Number: _____

Email: _____Age:_____Ht:_____Wt:_____

How did you hear about us: _____

Allergies: _____

Medications:_____

Women are you pregnant or lactating? Yes or No

Physician's Name and Phone#: _____

There are many things that we offer that health insurance might cover. Do you have Health Insurance? Yes/ No Is it an HMO or PPO? Name of Insurance: _____

Circle any of the following illnesses you have or have ever had in the past (or family history):

Myasthenia Gravis	Hepatitis	Eye Disease	Autoimmune Disease
Numbness	Vision Problems	Muscle Weakness	
Eaton Lambert Disorder	Amyotrophic Lateral Sclerosis (ALS)		

I am not on Aminoglycosides or any other antibacterial medication to treat bacterial infections.

Explain:_____

_____

Previous Hospitalization/Operations:

_____

_____

Are you taking aspirin products? _____ Do you have any drug or food allergies? _____

Do you exercise regularly? _____ Are you on a healthy diet? _____

Health Issues of interest to you (please check all that apply)

[ ] Botox
[ ] Collagen Therapy
[ ] Skin Rejuvenation
[ ] Hormone replacement
[ ] Micro-dermabrasion
[ ] body contouring
[ ] Chemical Peels
[ ] Other, Please Specify _____

[ ] Skin Care Advice
[ ] Skin Care Products
[ ] Cellulite treatments
[ ] Liver Spots/Age Spots
[ ] Sunscreen Advice
[ ] Spider vein treatment
[ ] Carboxy for skin tightening and contouring.

[ ] AHA and Glycolic Peels
[ ] Acne
[ ] Facial contouring
[ ] Hair Removal
[ ] Facial and Eye

Please answer the following questions on a scale from 1 to 5 by circling the appropriate number:

When looking at my face in the mirror, I believe I look younger, the same as, or older than my true age.

Younger Than True Age Older Than

1 2 3 4 5

When looking in the mirror, I am not concerned, somewhat concerned or very concerned about the condition of my skin.

Not Concerned Somewhat Concerned Very Concerned

1 2 3 4 5

I understand the information on this form is essential to determine my medical and cosmetic needs and the provision of treatment. I understand that if any changes occur in my medical history/ health I will report it to the office as soon as possible. I have read and understand the above medical questionnaire. I acknowledge that all answers have been recorded truthfully and will not hold any staff member responsible for any errors or omissions that I have made in the completion of this form.

Client Signature:

_____ Date: _____