Medical History

Patient Name	:	adnic adnic				Emirates ID	:	784-7766-4326987-6
File No	:	12	DOB	:	2000-07-04	Nationality	:	Other
Gender	:	Male	Doctor's Name	:	dermatology derma	Date	:	2024-02-23

Please complete the following questionnaire.

	YES	NO	DETAILS
Are you currently pregnant, breast feeding or on fertility treatment? (if yes, please specify)	○	◉	
Do you suffer from allergies? (if yes, please specify)	◉	○	AAAAAAA
Have you ever suffered from anaphylaxis as a result? (if yes, please specify)	○	◉	
Are you currently receiving any medical treatment? (if yes, please specify)	◉	○	BBBBBBBBBBB
Have you ever had a non-surgical treatment before? (if yes, please specify)	○	◉	
Have you ever had a reaction after receiving treatment? (if yes, please specify)	◉	○	CCCCCCCCCCCCCC
Do you suffer from any illnesses? e.g. angina, epilepsy, diabetes, auto immune system, hepatitis, HIV positive..? (if yes, please specify)	○	◉	
Do you suffer from any cutaneous infection or inflammatory problems? e.g. herpes/ acne. (if yes, please specify)	◉	○	DDDDDDDDDDDDD
Are you currently taking aspirin, steroids or anticoagulants (warfarin)? (if yes, please specify)	○	◉	
Have you recently undergone surgery? (if yes, please specify)	◉	○	EEEEEEEEEEEE
Do you suffer from high or low blood pressure? (if yes, please specify)	○	◉	
Are you prone to bruising?	◉	○	FFFFFFFFFFF

Procedure

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Sign here, only if all of your questions have been answered to your satisfaction	
Patient	Doctor
	

Patient Name adnic adnic Date 2024-02-23	Doctor Name dermatology derma - Dermatology (0) Date 2024-02-23