

# BAYVIEW GENERAL MEDICINE

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## Starlux Medical History Form

Patient Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home phone number: ( ) \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_M \_\_\_\_F

Work phone number: ( ) \_\_\_\_\_ Cell phone number: ( ) \_\_\_\_\_

### PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS

1) Do you have ANY current or chronic medical illness we should know about? If yes, please explain:

\_\_\_\_\_

2) Do you use ANY medications/lotions on a regular or daily basis? If yes, please explain:

\_\_\_\_\_

3) Do you have ANY allergies to medications/lotions? If yes, please explain:

\_\_\_\_\_

4) Women only: Are you pregnant? ( ) Yes ( ) No

5) Women only: Are your menstrual periods regular? ( ) Yes ( ) No

6) Do you have a history of herpes simplex in the area to be treated? ( ) Yes ( ) No

7) Do you have a history of keloid scarring? ( ) Yes ( ) No

8) Have you taken Accutane, Retin-A, exfoliating agents, or anticoagulants in the last 6 months? ( ) Yes ( ) No

9) Have you had any laser/IPL treatments in the past? ( ) Yes ( ) No  
If yes, please explain:

\_\_\_\_\_

10) What are your expectations of the outcome of the treatment?

\_\_\_\_\_

11) Is having cosmetic surgery your idea, or is someone else urging you to have it?

\_\_\_\_\_

12) Do you understand that the objective of any cosmetic procedure is improvement in appearance, ***not perfection***? \_\_\_\_\_

13) Do you understand that anyone undergoing cosmetic surgery must assume certain risks?

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