

MEDICAL QUESTIONNAIRE

ART FILLER[®], X-HA[®], NCTF[®] & M-HA[®]

1. PATIENT ADMINISTRATIVE INFORMATION

Gender: _____ Surname: _____ Name: _____

Male Female

Date of Birth: _____ / _____ / _____

Address: _____

Phone: _____ E-mail: _____

Profession: _____

Weight: _____ Height: _____

2. PATIENT GENERAL LIFESTYLE INFORMATION

Tobacco If so, how many per day? _____

How many years? _____

If you have stopped smoking, when did you give up? _____

Alcohol: Regular consumption Moderate consumption

Physical activity: Regular Casual

Type: _____

Any special diet

Type: _____

Use of skincare products Yes No

If so, which products: _____

WOMEN ONLY

Are you pregnant or breast feeding? Yes No

Date of last menstrual period: _____ / _____ / _____

3. PATIENT MEDICAL HISTORY

/ Do you have any chronic general disease / skin problem? Yes No

If yes, please specify _____

Keloid scars _____ Herpes _____

Skin cancer _____ Acne in areas to be treated _____

Recurrent streptococcal infections (*angina, rheumatic fever*) _____ Epilepsy _____

_____ Psoriasis _____

Diabetes _____ Coagulation disorders _____

Hepatitis _____ Chronic articular rheumatism _____

Cardiac disease (tachycardia...) _____

Auto-immune diseases (*polyarthritis rheumatoid, Crohn's disease, lupus erythematosus...*) _____

Allergies (*asthma...*) or intolerances (*food, medication, hyaluronic acid, latex...*) _____

Wound healing disturbance _____

Others, please specify: _____

/ Do you take any medication / treatment? Yes No

If yes, please specify _____

/ Did you have any treatment (antibiotic) during the last 2 weeks? Yes No

Have you ever received a dose of COVID-19 vaccine? Yes No

If yes, please specify the brand _____

When was your last dose? _____

Have you been tested positive for COVID-19 recently? Yes No

If yes, please specify when _____

Have you ever been treated for any severe allergic reaction: Yes No

If yes, please specify _____

Are you currently undergoing any treatment?

- Aspirin Immunosuppressive treatment (anti-cancer, chemotherapy...)
 Anti-inflammatories Roaccutane or Isotretinoin in the past 6 months
 Vitamins Others: _____
 Antibiotics

Have you been surgically treated for dental problems (abscess for example) in the past 2 months? Yes No

Are you allergic to anaesthetic products such as lidocaine? Yes No

4. AESTHETIC TREATMENT HISTORY

Hyaluronic acid injection (as dermal filler)

Date: ____ / ____ / ____ Area: _____ Product: _____

Comments: _____

Injection with permanent or semi-permanent fillers

Date: ____ / ____ / ____ Area: _____ Product: _____

Comments: _____

Skin revitalization treatment (mesotherapy)

Date: ____ / ____ / ____ Area: _____ Product: _____

Comments: _____

Botulinum toxin injection

Date: ____ / ____ / ____ Area: _____ Product: _____

Comments: _____

Chemicals peelings

Date: ____ / ____ / ____ Area: _____ Product: _____

Comments: _____

Laser procedures

Date: ____ / ____ / ____ Area: _____ Product: _____

Comments: _____

Aesthetic surgery lifting

Date: ____ / ____ / ____ Area: _____ Product: _____

Comments: _____

I confirm that the information given above is true and correct.

DATE: ____ / ____ / ____

LOCATION: _____

SIGNATURE:

Your personal data will be processed by the Physician, in accordance with the provisions of European Regulation n°2016/679 dated April 14th 2016 (GDPR), and are necessary to inject you safely. Only the Physician in charge of the injections and, to a certain extent, with regard to the mission it carries out, his staff, have access to these information. These information may also be transmitted, subject to your consent, to other health professionals. Laboratoires FILL-MED is not the recipient of these information and does not have access to it. You have rights of access, rectification, opposition, erasure and limitation of the processing of your personal data, a right to the portability of these latter, and the right to define guidelines relating to the fate of your data after your death. For any question regarding the protection of your data or the exercise your rights, you can contact the Physician in charge of the injections at the email address: _____. In case of difficulties, you can also submit a complaint to the authorities responsible for data protection in the country where such data are processed.