



This form is used to assist Medical Aesthetics of Muskoka in preparing for your consultation and potential treatment plan. The completed form can be emailed to info@maom.ca, or it can be dropped off at the clinic.

**THIS FORM MUST BE COMPLETED IN FULL & RETURNED TO MAOM PRIOR TO THE SCHEDULING OF YOUR APPOINTMENT.**

Please print legibly.

\_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_

Name: \_\_\_\_\_

Phone (home): \_\_\_\_\_

Health Card Number: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Birth date (dd/mm/yyyy): \_\_\_\_\_

Phone (mobile): \_\_\_\_\_

Health Card Version Code (2 letters): \_\_\_\_\_

How I heard about Medical Aesthetics of Muskoka:

Skin Care Product List (complete table):

Wash:	Moisturizer:
Retinol:	SPF:
Other:	

My skin is (check appropriate box):

Oily	Dry	Combo	Acne Prone
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Medical history (complete table):

Bleeding disorder	Clotting disorder	Keloid scars
Connective tissue disorder	Myasthenia gravis	ALS
Lambert-Eaton syndrome	Parkinson's disease	Tanning bed use
Skin cancer	Eczema	Psoriasis
Eye concerns	Diabetes	Smoker
Breastfeeding	Currently are or are trying to get pregnant	
Cold sores/herpes simplex virus (if yes, where?):		

List any aesthetic/cosmetic medicine procedures you have had in the past:

Any other relevant medical history:

List of medications/supplements:

Accutane (if yes, when last used?):
Antibiotics (if yes, which ones and when last used?):
Blood thinners (if yes, please list):
Anti-inflammatories (if yes, please list):
Retin A
Vitamin E
Others (please list):



Allergies (complete table):

Sulpha	Iodine	Lidocaine
Skin bleaching agents	Hydroquinone	Aspirin
Animal protein	Adhesive tape	Latex
Others: (please list)		

Please indicate which treatments you would like to know more about?

Botox/Dysport/neuromodulators	Fillers/Hyaluronic acid	Improving acne
Improving skin texture	Reducing leg veins	Reducing wrinkles
Reducing brown spots	Reducing facial veins	Improving skin laxity
Microneedling	Laser hair removal	Moles, bumps and skin tags
Others: (please list)		

Review the following clinic policy forms and consents (available on our website [www.maom.ca](http://www.maom.ca), under the Dermatology tab) and initial below as appropriate. Copies of these forms can also be sent to you by email or regular mail upon request.

At Medical Aesthetics of Muskoka, we value your privacy and prioritize compliance with Canada's anti-spam legislation and the Personal Health Information Protection Act. Although MAOM has implemented technical, physical and administrative safeguards, MAOM does not use encrypted email and there are risks to its use. Please see the MAOM Virtual Care Policy for more information. Email is used for appointment reminders, sales receipts, upcoming promotions (maximum of 4 emails/year), and information regarding new products and services.

The use of the photographs is for documenting medical conditions, illustrating medical procedures and the demonstration of treatment outcomes. Photographs will be kept securely in an Electronic Medical Record. Any digital copies of photographs that have been forwarded to MAOM will be entered securely into the EMR and the communication will be permanently destroyed.

I have read, understand, and accept the MAOM Clinic Policies (initials required)	
I have read, understand, and accept the MAOM Virtual Care Policies (initials required)	
I have read, understand, and accept the MAOM Photography Consent Policy (initials required)	
I have read, understand, and accept the MAOM Email Consent Policy (initials required)	

I understand the aesthetic medicine treatments and services are not covered by insurance (OHIP or private), and that I am fully responsible for the costs associated with these treatments and services.

Signature:	Date (dd/mm/yyyy):
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