

Kelly Rushby RN/Dip.HE BSc (Hons). MSc.

Advanced Nurse Practitioner. Independent prescriber. Aesthetic practitioner

NMC Registered: 97C1875E

CLIENT INFORMATION

NAME -----

ADDRESS -----

D.O.B ----- PHONE----- Email -----

HISTORY please circle

Do you smoke ? **yes/no**

Have you had treatments with cosmetic injectables ? **yes/no**

TYPE-----Date-----Site-----

Have you had any facial or cosmetic surgery ? **yes/no**

Are you pregnant or breast feeding? **Yes/no**

Do you currently suffer from or have any history of please circle

Neuromuscular disorders (Myasthenia Gravidia/Bells palsy **Yes No**

Bleeding Disorders **Yes No** HIV/ Hepatitis **Yes No** Diabetes **Yes No**

Auto Immune Conditions **Yes No** High or low blood pressure **Yes No**

Eye Conditions **Yes No** Any skin conditions (Acne, Eczema, Cold sores **Yes No**

Are you currently taking any prescribed or over the counter medication?

Please list -----

Allergies **Yes No** -----

Notes -----

Signed -----

Date-----