DANAI
DERMATOLOGY AESTHETIC NURSES ASSOCIATION OF IRELAND

General Consultation Questionnaire

Name: _____

Title – Mr / Mrs / Miss

Do you smoke? ❑ Yes ❑ No How many per day? _____If 'no' – have you ever smoked? ❑ Yes ❑ No

What is your current weight? _____ What is your height? _____

ARE YOU CURRENTLY TAKING OR HAVE YOU EVER TAKEN ANY OF THE FOLLOWING MEDICATIONS:

Laxatives/Vitamin E	❑ Yes ❑ No	St Johns Wort	❑ Yes ❑ No
Hormones/Birth Control Pill	❑ Yes ❑ No	Gentamicin/Neomicin	❑ Yes ❑ No
Steroids/Gold Injections	❑ Yes ❑ No	Roaccutane	❑ Yes ❑ No
Aspirin/Pain killers	❑ Yes ❑ No	Anti Coagulants	❑ Yes ❑ No

If yes - please give details:

PLEASE LIST BELOW ALL YOUR CURRENT MEDICATION

ARE YOU ALLERGIC TO ANY OF THE FOLLOWING:

Elastoplast	❑ Yes ❑ No	Stitches	❑Yes ❑ No
Iodine	❑ Yes ❑ No	Local Anesthesia	❑ Yes ❑ No
Antibiotics	❑ Yes ❑ No	Beef / Pork	❑ Yes ❑ No

If yes - please give details:	Are you currently undergoing desensitization treatment? Yes/No If Yes, for which allergen?

HAVE YOU SUFFERED FROM ANY OF THE FOLLOWING CONDITIONS:

Heart Disease/Angina	❑ Yes ❑ No	Thyroid Problems	❑ Yes ❑ No
Auto Immune Disease	❑ Yes ❑ No	Arthritis	❑ Yes ❑ No
Asthma / Bronchitis	❑ Yes ❑ No	Convulsions	❑ Yes ❑ No
Cold Sores on the Face	❑ Yes ❑ No	Depression	❑ Yes ❑ No
High/Low Blood pressure	❑ Yes ❑ No	Diabetes	❑ Yes ❑ No
Stomach Ulcer/Colitis	❑ Yes ❑ No	Skin Disease(e.g. Acne)	❑ Yes ❑ No
HIV/Hepatitis	❑ Yes ❑ No	Glaucoma/Cataract	❑ Yes ❑ No
Venereal Disease	❑ Yes ❑ No	Bell's/Facial Palsy	❑ Yes ❑ No
Phlebitis	❑ Yes ❑ No	Hypoglycaemia	❑ Yes ❑ No
Myasthenia Gravis	❑ Yes ❑ No	Eaton-Lambert Syndrome	❑ Yes ❑ No

If yes - please give details:

Have you had any previous general surgery? ❑ Yes ❑ No

If 'yes' please give details:

Have you been admitted to hospital? ❑ Yes ❑ No