

**Medical History**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Suite/Apt. No. \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_  
Social Security: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Spouse's Full Name: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Best way to contact you is: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex (Male/Female): \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Doctor Phone No: \_\_\_\_\_  
Pharmacy: \_\_\_\_\_ Pharmacy Phone No: \_\_\_\_\_

**Please answer all of the following questions:**

**How did you hear about us?**

\_\_\_\_\_  
**If you were referred by one of our patients, please share his/her name so we may thank them:** \_\_\_\_\_

**Do you have ANY current or chronic medical illness, specifically: Myasthenia Gravis, Amyotropic Lateral Sclerosis, or any other Neuromuscular disorders? YES / NO** Please list:

\_\_\_\_\_  
**Are you currently under a doctor's care? YES / NO** If so, for what reason?

\_\_\_\_\_  
**Do you take/use ANY medications, herbal/natural supplements or topicals on a regular or daily basis? YES / NO**

Please List:

\_\_\_\_\_  
**Do you have ANY allergies to medications, food, latex, or other substances? YES / NO**  
Please list: \_\_\_\_\_

**For Women:**

-Are you or could you be pregnant? **YES / NO**  
-Are you breast feeding? **YES / NO**  
-Are your menstrual periods regular? **YES / NO**

**Have you had cold sore breakouts (oral herpes) in the past year?** **YES / NO**

**Do you have history of Keloid Scarring?** **YES / NO**

**Have you taken Retin-A, Anticoagulants, or Accutane in the last year?** **YES / NO**

**Have you ever had surgery?** **YES / NO**

*If so, when and what area?*

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**Have you previously received BOTOX injections?**

**YES / NO**

When \_\_\_\_\_ Area treated: \_\_\_\_\_

Dosage Amount: \_\_\_\_\_

**ALASKA WOMEN'S ADVANCED PELVIC SURGERY & UROGYNECOLOGY LLC  
DOES NOT GIVE REFUNDS ON ANY PRODUCTS OR SERVICES RENDERED.**

***I HAVE READ AND UNDERSTAND THE ABOVE QUESTIONS. BY SIGNING THIS  
DOCUMENT I AGREE THAT THE INFORMATION CONTAINED HEREIN IS TRUE TO  
THE BEST OF MY KNOWLEDGE.***

**SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**