



OC Plasma
Fibroblast
by Tara

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Patient Information Form

Date _____

Name _____

Address _____

Phone _____

Email _____

Date of Birth _____

Have you received any skin tightening treatments before? Yes / No

If Yes, which procedures, when, and
where _____

Are you pregnant? Yes / No

Are you under the influence of alcohol or drugs? Yes / No

Are you in good health? _____

- **Do you feel fit and well enough to receive the plasma pen Fibroblast procedure today?**
Yes / No
- **Have you had any allergic reactions to medicine or products such as latex gloves?**
Yes / No
- **Are you currently taking any medication?** Yes / No
- **Do you have any imminent holiday plans?** Yes / No
- **Do you have or are you planning to have any injectables/ fillers/ chemical peels in the near future?** Yes / No
- **Do you suffer from epilepsy?** Yes / No
- **Do you knowingly suffer from any infectious diseases?** Yes / No
- **Do you suffer from high or low blood pressure?** Yes / No
- **Do you suffer from diabetes or respiratory problems?** Yes / No
- **Do you suffer from or have problems with scarring, healing or keloids?** Yes / No
- **DO you suffer from HIV or AIDS?** Yes / No
- **Do you suffer from heart problems or have a pacemaker?** Yes / No
- **Do you suffer from lymphatic problems or hepatitis?** Yes / No
- **DO you suffer from hemophilia or any blood disorders?** Yes / No
- **Do you suffer from skin problems (i.e. – eczema, psoriasis, shingles, Herpes)?** Yes / No

Misc. _____

Signature _____