

Patient name

Date of birth

Exam date

Your state decides who may perform a good faith exam and whether it can be done by telehealth. Your medical director sets its content.

Exam type

- ☐ In person
- ☐ Telehealth (video)
- ☐ Renewal of a previous exam

Treatments requested / patient's goals

History reviewed

- ☐ Allergies (including to anesthetics)
- ☐ Blood thinners or bleeding disorders
- ☐ Neuromuscular conditions
- ☐ History of cold sores
- ☐ Infection or rash in the treatment area
- ☐ Current medications and supplements
- ☐ Pregnant or breastfeeding
- ☐ Autoimmune conditions
- ☐ Keloids or poor healing
- ☐ Previous treatments and any complications

Findings and notes

Treatments approved

Treatment	Approved (Y / N)	Limits, areas or conditions
Neurotoxin		
Dermal filler		
Laser / IPL		
Microneedling		
Chemical peel		

Contraindications / not a candidate for

Provider name and credentials

Exam valid until

Provider signature

Date and time