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706-754-(SLIM) 7546  
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## HEALTH HISTORY QUESTIONNAIRE

<b>Name</b> <i>(Last, First, M.I.):</i>	<input type="checkbox"/> M <input type="checkbox"/> F	<b>DOB:</b>
<b>Home Address :</b>	<b>Phone:</b>	
<b>Email:</b>		
<b>Location of Services:</b>		

### CHECK ANY CONDITION YOU CURRENTLY HAVE

Pregnant Now, or Trying	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Active Cancer Within A Year	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Kidney Problems	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Liver Problems	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Doctor said you should avoid light?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Autoimmune disease	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Lupus Erythematosus	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Albinism	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

### CHECK ANY PHOTO-SENSITIVE MEDICATIONS THAT YOU TAKE

Achromycin or Acromysin V	<input type="checkbox"/>	Gold or Gold 50	<input type="checkbox"/>	Oflaxacin	<input type="checkbox"/>
Actisite	<input type="checkbox"/>	Grifulvin V or Griseofulvin	<input type="checkbox"/>	Oxypan	<input type="checkbox"/>
Aratac	<input type="checkbox"/>	Grisovin	<input type="checkbox"/>	Oxytetracycline Be-oxytet	<input type="checkbox"/>
Amioderone	<input type="checkbox"/>	Gris-Peg	<input type="checkbox"/>	PF	<input type="checkbox"/>
Auranofin	<input type="checkbox"/>	Helidac	<input type="checkbox"/>	Pacerone	<input type="checkbox"/>
Azathioprine	<input type="checkbox"/>	Hostacycline	<input type="checkbox"/>	Quinolone Derivatives	<input type="checkbox"/>
Bristacycline	<input type="checkbox"/>	Isotretinoin Accutane	<input type="checkbox"/>	Ridaura	<input type="checkbox"/>
Chlorpromazine	<input type="checkbox"/>	LPF	<input type="checkbox"/>	Roaccutane	<input type="checkbox"/>
Chlorpromazine HC	<input type="checkbox"/>	Largactil	<input type="checkbox"/>	Sonazine	<input type="checkbox"/>
Ciprofloxacin	<input type="checkbox"/>	Ledermycin	<input type="checkbox"/>	Sumycin	<input type="checkbox"/>
Codarone X	<input type="checkbox"/>	Ledertrexate	<input type="checkbox"/>	Terra-Cortril	<input type="checkbox"/>
Cotet	<input type="checkbox"/>	Lymecycline	<input type="checkbox"/>	Terramycin	<input type="checkbox"/>
Cyclidox	<input type="checkbox"/>	Lymercycline	<input type="checkbox"/>	Tetracycline Group	<input type="checkbox"/>
Cyclimycin	<input type="checkbox"/>	Methotrexate	<input type="checkbox"/>	Tetrasal	<input type="checkbox"/>
Demecocycline	<input type="checkbox"/>	Methotrexate Sodium	<input type="checkbox"/>	Tetrex	<input type="checkbox"/>
Doryx	<input type="checkbox"/>	Mexate AQ	<input type="checkbox"/>	Thorazine	<input type="checkbox"/>
Doxycydine	<input type="checkbox"/>	Minocycline	<input type="checkbox"/>	Trexall	<input type="checkbox"/>
Doxycyl or Doxytab	<input type="checkbox"/>	Minomycin or Minotabs	<input type="checkbox"/>	Viacin	<input type="checkbox"/>
Dumoxin	<input type="checkbox"/>	Nalidixic Acid	<input type="checkbox"/>	Vibramycin	<input type="checkbox"/>
Folex	<input type="checkbox"/>	Norfloxacin	<input type="checkbox"/>		<input type="checkbox"/>
Fulvicin P/G or Fulvicin U/F	<input type="checkbox"/>	Noritet	<input type="checkbox"/>		<input type="checkbox"/>

Client Signature

Date