

BLU INNOVATION AESTHETICS
Injectable Treatment Pre-Screen

All injectables (Botox/Xeomin, Dermal Fillers, Biostimulators, PRP) are medical procedures and require clinical approval prior to scheduling.

Please complete this brief screening form.

1. Full Name

2. Date of Birth

3. Phone

4. Email

5. Treatment Interest (Select One)

- Botox / Xeomin
- Dermal Filler
- Biostimulator
- PRP (Face / Under-Eye)
- Not sure

6. Medical Disqualifiers

Have you ever been diagnosed with:

- Active cancer or currently in treatment
- Autoimmune disorder
- Neuromuscular disorder
- Bleeding disorder

- Severe allergies
 - Keloid scarring
 - None
-

7. Are you currently:

- Pregnant or breastfeeding
 - On blood thinners
 - On chemotherapy
 - On immunosuppressants
 - Using systemic steroids
 - None
-

8. Have you ever had:

- Filler complications
 - Filler dissolved
 - Vascular occlusion
 - Permanent filler placed
 - None
-

9. For PRP Only

Do you understand that PRP is a medical procedure and laboratory testing may be required to determine candidacy?

- Yes
-

Acknowledgment

I understand this is a medical screening. Treatment approval is determined after clinical review. Not all individuals are candidates.

Signature: _____

Date: _____