

BASILE MediSpa

NEW MediSpa PATIENT REGISTRATION

for Axillary Hyperhidrosis

Name: _____ Date: _____
Address: _____ Age: _____
DOB _____
Phone Number _____ Email: _____

Medical History
(check which apply)

Excessive bruisability
Neurologic disease
Thyroid disorder
Underarm infections

Surgical history
(check which apply)

Underarm cysts
Mastectomy
Arm injury
Hand injury
Breast biopsy
Carpal tunnel release

At what age did you begin noticing a problem with underarm sweating? _____

Where is most of your excessive sweating occurring? _____
(check which apply) Underarm
Groin
Other _____

Is this issue shared by other family members? Y / N
which ones? _____

Are you pregnant or nursing? Y / N
Do you have any active infections? Y / N

Hyperhidrosis Severity Scale

Please rate your current sweating status (1-4) _____

- 1 private issue; never really noticeable, tolerable
- 2 barely noticeable to others; annoying
- 3 frequently interferes with lifestyle; often noticed; barely tolerable
- 4 always interferes; intolerable; always quite noticeable

What treatments have you tried to control the amount of sweating:

(check which apply) frequent washing
over-the counter antipersperants
"dry salts" such as aluminum chloride
herbal remedies which ones? _____
accupuncture
botox date of most recent treatment _____
how long did treatment last? _____
other _____

Signed _____ Date _____

Thank you. The information you've provided is essential in our comprehensive evaluation of your goals.

~Andrea Basile, MD