

PROFOUND MEDSPA, LLC

Medical History Form – Nitronox™

Last Name: _____ First Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: Home: _____ Work: _____ Cell: _____
 Date of Birth: _____ Sex: Female _____ Male _____
 Family Doctor: _____ Phone: _____
 Pharmacy: _____ Phone: _____
 Emergency Contact: _____ Phone: _____

Nitronox is a breathed in (inhalation) gas. Nitronox is being administered to help control the anxiety of the patient and/or for the relief of short-term and intermittent pain. It may be administered in the event of the following circumstances:

- **Dental Procedures**
- **Medical Aesthetic Procedures**
- **Wound or Burn Dressings**
- **During Child Birth**

Do you currently have or have suffered from any of the following conditions? Yes No

Recent ophthalmic procedure/surgery, congestive heart failure, coronary artery disease, COPD, air embolism, pneumothorax, recent pneumoencephalogram, intracranial air, lung cysts, active sinus or middle ear problems, pulmonary hypertension, bowel obstructions, chemotherapy with bleomycin, sickle cell anemia, pregnancy first trimester, B12 deficiency, decompression sickness, head injury, anemia, post gastrectomy, or any other condition or illness.

Please List: _____

Are you currently under a doctor's care? Yes No

If so, for what reason?

Do you take/use ANY medications (prescriptions and non-prescriptions), you are taking or have recently taken methotrexate (a medicine used in the treatment of rheumatoid arthritis and in the treatment of tumors), or you are taking or have recently taken Vitamin B12? Yes No

Please List: _____

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I understand that the administration of Nitronox has hazards, risks, and potential side effects. They include, but are not limited to the following:

- Excessive perspiration, sweating, and/or feeling flushed
- Laughing, nervousness, anxiousness, disassociation
- Shivering/chills, tingling, lightheadedness, and/or feeling of floating
- Nausea, vomiting, headache
- Impaired speech, mental performance, and motor reflexes
- Hypotension (decrease in blood pressure)

I understand that Nitronox is optional and not a requirement for treatment. The benefits of Nitronox include, but are not limited to, reducing and preventing fears and anxieties that may precipitate other medical problems and to aid in pain management of certain treatments or conditions.

Signature: _____ Date _____