**PRP Intake Form**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRP or “Platelet Rich Plasma” is nothing but autologous blood with concentrations of platelets above baseline levels and contain at least seven growth factors. Normal blood contains only 6% platelets. However, in PRP, there is a concentration of 94% platelets, which translates to a powerful growth factor “cocktail” with a variety of growth factors and cytokines. This stimulates cellular proliferation and tissue regeneration to dramatically accelerate healing.

**Do you have any of the following:**

**Yes No** Have you ever had a blood clotting disorder, low platelets or platelet dysfunction?

**Yes No** COPD, emphysema or chronic lung disease?

**Yes No** Coronary artery disease, angina, heart disease, heart stents, bypass or pacemaker?

**Yes No** Do you take blood thinners of ANY type? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Coumadin, Warfarin, Plavix, Eliquis, Xarelto, Pradaxa, etc.)

**Yes No** Do you take aspirin on a regular basis?

**Yes No** Do you take non-steroidal anti-inflammatories (NSAIDs)?

 (Ibuprofen, Motrin, Advil, Aleve, Naprosyn, Nuprin, etc.)

**Yes No** Do you take fish oil, flaxseed oil, St. John’s Wort or Vitamin E?

**Yes No** Have you ever had cancer of the face or body?

 (including Melanoma, squamous cell or basal cell cancers)

**Yes No** Have you ever had any facial surgery?

**Yes No** Do you use tobacco products?

**Yes No** Are you pregnant or nursing?

**Please list all the prescription and non-prescription medications you are taking including vitamins, herbal preparations and supplements:**

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I certify that the above information is true to the best of my knowledge.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_