



Client: Ganesh test Test (5046)

Aug 23, 2025

1. Please note: fields with a red asterisk are mandatory.

Legal First Name: <u>Ganesh</u>	Legal Last Name: <u>Test</u>	Date of Birth: <u>12/10/1980 (age 44)</u>	
Minor's Guardian Full Name, If Applicable: <u></u>	Gender: <u>Female</u>	Street Address of Residence: <u>Necessitatibus excepteur aliquip nesciunt ipsam voluptatem sed ducimus enim minim voluptas eos accusantium</u>	Apt./Unit #: <u>Consectetur corrupti et quaerat dolore adipisicing quos Nam rerum provident accusantium omnis nihil corrupti officia omnis earum</u>
City of Residence: <u>Et alias accusamus eius facere culpa sunt hic</u>	State of Residence: <u>CA</u>	Zip Code: <u>Quis suscipit libero accusamus fugiat ducimus dicta</u>	Mobile Phone: <u>(121) 212-1212</u>
Email: <u>somyhi@mailinator.com</u>			

2. The client allows MedScape GFE to perform the good faith exam and for the good faith exam to be released to: <u>California Aesthetics</u>	Appointment made? <u>At appointment now</u>
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3. Check all treatments to have now or possibly would like in the future below: *Note: MedScape GFE does not determine the treatment route and/or dosages nor prescribes. California Aesthetics advises on treatment options within their clinic, scope of practice and protocols according to their medical director's guidelines.

☒ **Stem Cell Hair Restoration**

4. Please answer the questions below relating to the selected treatment(s) above:

Have had selected treatment(s) before?
No

Result of previous treatment(s)?
Steady and consistent results

Goal of requested treatment(s)? Select ALL that apply.
☒ **Increase Energy**

If needed, please explain further below:

5. Under any type of medical care? (i.e. PCP, OB/GYN, allergist, naturopath, mental health, specialist)

No

6. For female assigned gender at birth:

Currently pregnant? ☒ **Yes**

Trying to become pregnant? ☒ **Yes**

Could possibly be pregnant? ☒ **Yes**

Currently breastfeeding? ☒ **Yes**

Going through IVF/Planning on IVF in the near future? ☒ **Yes**

7. List ALL medications below including homeopathic supplements and vitamins. If none apply, please write in "none".

	Name of Medication:	Start Date:
1	ddeed	ddd
2	ded	dede
3	ded	deded

8. List ALL surgeries and hospitalizations below. This includes ALL implantation of objects placed in the body that one is not born with ie devices, stents, piercings. If none apply, please write in "none".

	Type of Surgery/Hospitalization:	Date and Year of Surgery/Hospitalization:
1	deded	ded
2	ded	ded
3	ded	ded

9. List ALL allergies below and/or dietary restrictions. If none apply, please write in "none".

	Type of Allergy:	Reaction:
1	dede	ded
2	ded	ded
3	ded	ded

10. Health History - Circulatory and Respiratory System (Please select all that apply):

☒ **None of these**

11. Health History - Nervous System (Please select all that apply):

☒ **None of these**

If "other", please specify

12. Health History - Digestive System (Please select all that apply):

☒ **None of these**

If "other", please specify

13. Health History - Skin (Please select all that apply):

☒ **None of These**

If "other", please specify

14. Health History - Other (Please select all that apply):

☒ **None of these**

If "other", please specify

15. Please answer the lifestyle questions below:

Average stress level:

Low

On average, how many days per week for alcohol consumption?

Several days per week (3-5 days)

On average, how many glasses of fluids (including water, juice, and decaffeinated tea) are consumed daily? (Glass = 8 ounces)

Around 4-8 glasses

Smoke, vape, or chew tobacco?

Daily

Recreational drugs?

Weekends only

Currently following any specific diet plan? If so, please specify which one(s):

☒ **Diabetic**

☒ **Mediterranean**

16. Approval and/or deferral to medical director's SOPs (description of treatment(s) that client is approved and/or deferred for). Please select all that apply treatments for approved and/or deferred to medical director's SOPs with California Aesthetics. MedScape GFE does NOT condone any off label administration or dosing of ANY treatments. We will approve, however, it is ONLY depending on if California Aesthetics medical director allows for off label treatment(s). For any off label administration and dosage, California Aesthetics must follow policies and

procedures as approved by your clinics medical director. If California Aesthetics medical director does not allow for said off label treatment(s), the good faith exam note provided by MedScape GFE's and the high-level provider will be null and void.

Treatment for client is approved or denied to receive at California Aesthetics (select ALL that apply to visit):

☒ **Deferred to California Aesthetics medical director's SOPs**

Treatment is deferred to California Aesthetics medical director's SOPs with the reason(s) for deferral. If no explanation(s) is/are necessary, please write "not applicable":

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Clarification(s) needed from the client before approval. The client MUST resubmit with clarification(s) requested by the good faith exam high-level provider. If the client does not provide what the good faith exam high-level provider requests, the note is void, and therefore, the client is denied. If no explanation(s) is/are necessary, please write "not applicable":

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Term(s) of approved treatment:

☒ **1 year (unless medical condition(s) change, medication(s) change and/or anything if anything is added to what is stated and approved in this GFE. If any of the aforementioned apply, the client must be re-seen at the time of discovery AND before their next appointment/treatment(s)**

Provide explanation(s) for short-term approval(s) (under one year approval). If no explanation(s) is/are necessary, please write "not applicable":

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e-signature

Aug 23, 2025

Good Faith Exam completed by the following MedScape GFE Practitioner:

Ganesh

Signed by MedScape GFE on Aug 23, 2025 at 01:56 AM from IP 106.219.66.***