



CLIENT INFORMATION & MEDICAL HISTORY

In order to provide you with the most appropriate laser treatment, we need you to complete the following questionnaire. All information is strictly confidential.

PERSONAL HISTORY

Client Name _____ Today's Date _____

Date of Birth _____ Age _____ Occupation _____

Home Address _____ City _____ State _____ Zip Code _____

Cell Phone (____) _____ Home Phone (____) _____

Email: _____ Emergency Contact/ Phone _____

How were you referred to us? _____

Do you regularly use tanning salons or sun bathe? _____ How often? _____

MEDICAL HISTORY

Are you currently under the care of a physician? Yes No

If yes, for what condition: _____

Are you currently under the care of a dermatologist? Yes No

If yes, for what condition: _____

Do you have a history of erythema abigne, which is a persistent skin rash produced by prolonged or repeated exposure to moderately intense heat or infrared irritation? Yes No

Do you have any of the following medical conditions? (Please check all that apply)

- Cancer Diabetes High blood pressure Herpes Arthritis
- Frequent cold sores HIV/AIDS Keloid scarring Skin disease/Skin lesions
- Seizure disorder Hepatitis Hormone imbalance Thyroid imbalance
- Blood clotting abnormalities Any active infection

Do you have any other health problems or medical conditions? Please list: _____

Have you ever had an allergic reaction to any of the following? (Please check all that apply and describe the reaction you experienced) Food Latex Aspirin Lidocaine Hydrocortisone
 Hydroquinone or skin bleaching agents Others: _____

MEDICATIONS

What oral medications are you presently taking? Birth control pills Hormones

Others (Please list): _____

Are you on any mood altering or anti-depression medication? _____

Have you ever used Accutane? Yes No, If yes, when did you last use it? _____

What topical medications or creams are you currently using? Retin-A® Others (Please list):

What herbal supplements do you use regularly? _____

HISTORY

Have you ever had laser hair removal? Yes No

Have you used any of the following hair removal methods in the past six weeks?

Shaving Waxing Electrolysis Plucking Tweezing Stringing Depilatories

Have you had any recent tanning or sun exposure that changed the color of your skin? Yes No

Have you recently used any self-tanning lotions or treatments? Yes No

Do you form thick or raised scars from cuts or burns? Yes No

Do you have Hyperpigmentation (darkening of the skin) or Hypopigmentation (lightening of the skin) or marks after physical trauma? Yes No If yes, please describe: _____

For our female clients:

Are you pregnant or trying to become pregnant? Yes No Are you breastfeeding? Yes No

Are you using contraception? Yes No

Help Us Treat You the Right Way.....

Skin type is often categorized according to the Fitzpatrick Skin Type Scale which ranges from very fair (skin type I) to very dark (skin type VI). Genetic disposition, individual reaction to sun exposure and tanning habits are considered. **Please mark the Score (0-4) and then add the scores on the right side of the page.**

Genetic Disposition

What is the color of your eyes?

0 – Light blue\Gray\Green 1 – Blue\Gray\Green 2 – Blue 3 – Dark Brown 4 – Brownish Black **Score:** _____

What is the natural color of your hair?

0 – Sandy Red 1 – Blonde 2 – Auburn/ light Blonde 3 – Dark Brown 4 – Black **Score:** _____

What is the color of your skin (non-exposed areas)?

0 – Reddish 1 – Very Pale 2 – Pale w/Beige Tint 3 – Light Brown 4 – Dark Brown **Score:** _____

Do you have freckles on unexposed skin?

0 – Many 1 – Several 2 – Few 3 – Incidental 4 – None **Score:** _____

Total Score for Genetic Disposition: _____

Reaction to Sun Exposure

What happens when you stay too long in the sun?

0 – Painful redness, blistering, peeling 1 – Moderate redness, blistering followed by peeling
2 – Mild burn sometimes followed by peeling 3 – Rare Burns 4 – Never had burns **Score:** _____

To what degree do you turn brown?

0 – Never 1 – Light color tan 2 – Reasonable tan 3 – Tan easy 4 – Tans darkly quickly **Score:** _____

Do you turn brown within several hours after sun exposure?

0 – Never 1 – Seldom 2 – Sometimes 3 – Often 4 – Always **Score:** _____

How does your face react to the sun?

0 – Sensitive 1 – Seldom 2 – Sometimes 3 – Normal 4 – Resistant **Score:** _____

Total score for Reaction to Sun Exposure: _____

Tanning Habits

How many months ago was your body last exposed to sun, tanning light or tanning cream?

0 – More than 3months 1 – 2-3months 2 – 1-2months 3 – Less than a month 4 – 2 weeks **Score:** _____

Has the area to be treated ever been exposed to the sun?

0 – Never 1 – Seldom 2 – Sometimes 3 – Often 4 – Always **Score:** _____

Total score for Tanning Habits: _____

Skin type score	Fitzpatrick Type	Skin
0 to 7	I	
8 to 16	II	
17 to 25	III	
25 to 30	IV	
over 30	V – VI	

Total score of 3 sections: _____

Fitzpatrick SKIN TYPE _____

I certify that the preceding medical, personal and skin history statements are true and correct. I am aware that it is my responsibility to inform the technician, esthetician, therapist, doctor or nurse of my current medical or health conditions and to update this history. A current medical history is essential for the caregiver to execute appropriate treatment procedures. We have a 24 hour cancellation/ appointment change policy. If 24 hour notice is not given the appointment may be subjected to a 30% fee, deposit will be held, or a prepaid session may be redeemed.

Signature _____ Date: _____