



**MEDICAL HISTORY**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_ Referred By: \_\_\_\_\_

**PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS**

1. Do you have **ANY** current medical illness we should know about?

Please List: \_\_\_\_\_

2. Do you take **ANY** medications or are you on daily dialysis?

Please List: \_\_\_\_\_

3. Do you have **ANY** allergies to medicine or skin sensitivities?

Please List: \_\_\_\_\_

4. (Women only) Are you pregnant? \_\_\_\_\_

7. Do you have a history of keloid scarring? \_\_\_\_\_

5. Are you taking birth control pills? \_\_\_\_\_

6. Do you have a history of herpes simplex in the area to be treated? \_\_\_\_\_

8. Have you taken Accutane or anticoagulants (Aspirin) in the last 6 months? \_\_\_\_\_

9. Briefly describe your skin's texture: (oily, dry, acne....)

**To determine skin type, check one of the following:**

Type	Color	Reaction to first sun exposure yearly
_____ I	white	always burn/never tan
_____ II	white	usually burn/tan with difficulty
_____ III	white/asian	sometimes burn/average tan
_____ IV	moderate brown	rarely burn/tan easily
_____ V	dark brown	very rarely burn/tan very easily
_____ VI	black	never burn

**CONCERNS**

- Hyperpigmentation/ Melasma
- Photodamage
- Fine lines and wrinkles
- Skin laxity
- Dehydrated or excessively dry skin
- Acne

- Acne scarring
- Rough texture
- Enlarged pores
- Oily skin
- Dry skin
- Combination oily and dry skin

**DAILY SUN EXPOSURE**

- < 1hr
- 1-2 hrs
- 2-4 hrs
- > 4 hrs