

Date: _____ Name: _____ First Middle Last DOB: ____/____/____

Phone: _____ Address: _____ SSN: _____

Preliminary Protocol For All Patients

How do you tan?
 Very Good
 Fairly Good
 Not Good at All
 Self Tan Method

How do you heal?
 Very Good
 Fairly Good
 Slow Healer
 Medical Control

Taking any type of drugs?
 Antibiotic
 Photosensitive
 Prescription Medication
 Other

Allergies/medical problems: _____

Existing Skin Condition/ ALL PATIENTS

Acne Pitting Scarring Pock Marks
 Rash Eczema Spider Vein Freckles
 Light Pigmentation Dark Pigmentation
 Other _____

Skin Type / ALL PATIENTS

Very light Type 1
 Light Type 2
 Light to Medium Type 3
 Olive to brown Type 4
 Dark Brown Type 5
 Very dark Type 6

Skin Care Treatment Please Fill This Section Out

Have you ever seen a dermatologist or other physician for your skin? No Yes
Explain: _____

Have you previously had:

Facials Chemical Peel Laser Resurfacing Facial Surgery
Explain: _____

Hypersensitivity and Skin Fragility

Have you ever had a skin allergy or sensitivity?
 Chemicals Cosmetics Fabrics
 Other: _____
 Notes: _____

Skin History

Daily cleansing qYes qNo
Moisturizer qYes qNo
Eye creams qYes qNo
Glycolic products qYes qNo
Other: _____

Hair Reduction Please Fill Out This Section:

Previous Treatments for Hair Reduction:

Electrology Shaving Waxing E – Tweezers
 Sugaring Laser Tweezing Depilatories
 Epi-Lady Other

Desired Treatment Area(s) For Laser Hair Reduction:

Abdomen (Linea) Abdomen (Total) Arms Arms Pits
 Back (Full) Back (Shoulders) Bikini (Total) Bikini Line
 Bikini (Labia / Anal) Breast (Areola) Chest (Pectoral) Chin
 Ears Eyebrows Feet (Toes) Face
 Hairline Hands (Fingers) Lip (Upper / Lower) Legs
 Neck (Front / Back) Nose (Top / Nostril) Private Areas
 Other _____

Tattoo Removal Please Fill Out This Section:

Tattoo Description (please give a detailed description):

Colors: _____

Size: _____

Why Are You Seeking Tattoo Reduction?

Tattoo Location

Back Face
 Legs Neck: Front/Back
 Head Breast/Chest
 Private Area Other: _____

Tattoo History

Professional
 Homemade
 Cover up tattoo
 Indian Ink
 Other _____
Age of tattoo (s) _____

Vein Removal Please Fill Out This Section:

Vein/ Lesion Type

Skin Tag Freckles Spider Vein Cherry Hemangioma
 Vascular Lesion Other _____

Vein/ Lesion Location

Back Face Legs
 Neck Head Chest
 Private Area Other _____

ALL PATIENTS

Treatment Time Frame?

Very Soon
 Near Future
 Today if possible