

Dermatology Medical Group Laser Hair Reduction Health and Medical History

To ensure both the effectiveness and safety of your treatment, please complete this information as accurately as you can. Date: _____

Last Name: _____ First Name: _____

Phone # Home _____ Work _____

Date of Birth _____ Country of origin of parents/grandparents _____

Body Hair Area(s) to be treated: _____

Skin color _____ Hair color of the area(s) to be treated _____

When was the last time you waxed, tweezed, had electrolysis, used bleaching cream or a depilatory on the area to be treated? _____ Describe this _____

When you sunbathe, how does your skin respond?

___ Always burn, never burn ___ Sometimes burn, always tan

___ Always burn, sometimes tan ___ Never burn, always tan

___ Are you tan or sunburned in the area to be treated? _____

Fitzpatrick scale skin classification (office use) Type I II III IV V VI

Please check any condition which you have or been treated for in the past:

___ Blood disorders, easy bruising ___ Diabetic neuropathy

___ Keloid formation/scars ___ Psoriasis

___ Abnormal skin pigmentation ___ Steroid or hormone therapy

___ Herpes simplex (cold sores) ___ Seizures

___ Allergies to medications, ointments or supplements _____

___ Surgical implants? _____

___ Endocrinology problems? _____

___ Radiation (x-ray) therapy? _____

___ Any medical or skin condition not listed? _____

Please list any medications, vitamins or supplements you are currently taking? _____

___ Pregnant? _____ Date of last Menstrual period _____

Skin sensitivities or reactions:

___ Photosensitivity ___ Flushing or redness ___ Hypo/hyperpigmentation

___ Currently using Retain A (Renova, Avita) or glycolic acid? _____

___ Taken Accutane? If yes, when? _____

___ Chemical peel? If yes, when? _____

___ Had any other laser treatments in the last 6 months? If yes, when and what type? _____

___ Tattoos or permanent makeup in the area to be treated? _____

___ Any additional comments _____

Referred by _____

Sign below to indicate that all the information on this form is accurate and complete.

SIGNATURE _____ Date _____