DERMATOLOGY ASSOCIATES of Central NJ

Syneron elōs eMax

LASER QUESTIONNAIRE FORM

Patient Name: _____ **Date of Birth**: _____

Main Concern that brought you into our office today for laser treatments:

- ☐ Wrinkles
- ☐ Scarring
- ☐ Unwanted Hair
- ☐ Skin Texture
- ☐ Brown Spots
- ☐ Visible Exposed Blood vessels
- ☐ Redness

What areas of the body are you interested in treating?

- ☐ Face
- ☐ Neck
- ☐ Chest
- ☐ Arms
- ☐ Hands
- ☐ Legs
- ☐ Underarms
- ☐ Chin
- ☐ Axilla
- ☐ Groin
- ☐ Back

MEDICAL HISTORY: **Please be as honest as possible, this can affect the desired outcomes of your cosmetic procedures.**

NO / YES Are you currently using any prescribed medications?

If yes, please list all medications you are currently taking:

_____

_____

NO / YES Are you pregnant or trying to become pregnant?

NO / YES Have you ever had skin cancer? List: _____

NO / YES Do you go spray tanning? Last spray tan date: _____

NO / YES Do you have a history of autoimmune diseases? (Lupus, Scleroderma, etc) List: _____

NO / YES Are you taking any immunosuppressive medications? List: _____

NO / YES Do you have a history of keloid scarring?

NO / YES Do you have a pacemaker?

NO / YES Have you ever taken Accutane or Isotretinoin within the last 6 months?

NO / YES Have you ever used Tretinoin or Retinol products within the last week?

NO / YES Do you have a history of cold sores?

NO / YES Have you had any Filler or Botox? Brand: _____ Date: _____

NO / YES Is your mother, father or grandparents of African American or Indian Descent?

NO / YES Are you Latin American, Asian-pacific Islander, Mediterranean, or Native American?

SCORE	0	1	2	3	4
What color are your eyes?	Light blue, gray, green	Hazel	Blue	Dark Brown	Brownish black
What is the natural color of your hair?	Sandy red	Blonde	Chestnut/Dark Blonde	Dark Brown	Black
What is the color of your skin? (unexposed areas)	Reddish	Very Pale	Pale with beige tint	Light Brown	Dark Brown
Do you have freckles on sun-exposed areas?	Many	Several	Few	Incidental	None

Total score for genetic disposition: _____

SCORE	0	1	2	3	4
What happens when you stay too long in the sun?	Painful, redness, blistering, peeling	Blistering, followed by peeling	Burns sometimes followed by peeling	Rare burns	Never had burns
To what degree do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easy	Turn dark brown quickly
Do you turn brown within several hours of sun exposure?	Never	Seldom	Sometimes	Often	Always
How does you face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem

Total score for sun exposure: _____

SCORE	0	1	2	3	4
When did you last expose the treatment area to the direct sun?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than 1 month ago	Less than 2 weeks ago
Do you routinely expose the treatment area to the sun?	Never	Hardly ever	Sometimes	Often	Always

Total score for tanning habits: _____

TOTAL SCORE	SCORE	FITZPATRICK SKIN TYPE
	0-7	I
	8-16	II
	17-25	III
	26-30	IV
	Over 30	V-VI

Please sign and date this form stating all the information you have provided is true and accurate.

Printed Name: _____ ***Signature:*** _____ ***Date:*** _____