Laser Lisse, LLC

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Today's DATE: _____/_____

Please fill out all items below:

Name

Home Address:	
Email:	
Phone: cell/ work	
Who Referred You?	
Desired treatment:	

Check one :	**No** / **Yes**	**Comments**
Are you pregnant? Or nursing?		
Do you have a known hernia (or diastasis) in the area to be treated?		
Have you tanned or done a self-tanner within the last 2 weeks?		
Have you been on Accutane (Isotretinoin) within the last 6 months?		
Have you had facial laser resurfacing and deep chemical peeling within the last 3 months?		
Have you been on antibiotics within the last 10 days?		
Are you currently undergoing treatment for cancer?		
Do you have a condition that makes you sensitive to sunlight? (Lupus, Porphyria)		
Do you have a history of Seizures?		
Do you have dry, fragile skin?		
Have you used any topical tretinoin (Retin-A) within the last week?		
Do you have an impaired immune system from medications or HIV? Have you had any metal or other implants/ injectables/permanent make-up/tattoos? Do you have a history of keloids or abnormal scaring?		

	No	**Yes**
Do you have a history of skin cancer or any other cancer?		
Do you have a Pacemaker or internal defibrillator?		
Do you have a serious medical condition (heart disease or uncontrolled diabetes)?		

Do you have a history of Herpes /Cold sores?		

List Your ***Allergies:*** _____

List Your ***Medications*** and Dosages:

_____

_____

_____

List ***Medical Conditions*** and surgeries:

_____

_____

_____

Previous Laser or Fat destruction Treatment (specify date/number of treatments/frequency/tissue response and device used if known):_____

_____

_____

Previous Hair Removal History (if applicable): i.e. waxing? / bleaching? /shaving? / tweezing? / electrolysis?):

Please list the frequency and the last use of the above modalities: _____

FOR STAFF ONLY: Initial Assessment/Plan: _____

_____***1) Treatment options and benefits of treatment.*** _____

_____***2) Patient expectations:*** _____

_____***3) Full treatment schedule process***_____

_____***4) Possible side effects (for Laser) hyper/hypopigmentation, purpura, scarring, burns, textural change, blistering, pain or discomfort and erythema. (for UltraShape) redness, discomfort, warmth, vibration.***

_____***5) Importance of sun exposure avoidance and use of zinc or titanium dioxide sunblock 30+***

_____***6) Cost***_____

_____***7) Eye wear protection during laser treatments and laser safety: May sense light during treatment.***

_____***8) Importance of post care instructions: Review of instructions.***

_____

Physician Signature: ***Date:*** ***photos today? N/Y***

TREATMENT PLAN: