Medical History

Name: _____ _____ Date of Birth: _____ (Example mm/dd/yyyy)

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

General Information

1. Are you currently under the care of a Physician? ○ Yes ○ No
   If yes, what for? _____
2. Are you currently under the care of a Dermatologist? ○ Yes ○ No
   If yes, what for? _____
3. Do you have a history of erthema abigne, which is a persistant skin rash produced by prolonged or repeated exposure to moderately intense heat or infrared irritation? ○ Yes ○ No
4. Do you have any of the following medical conditions? (check all that apply)

   ☐ Cancer ☐ Diabetes ☐ High blood pressure ☐ Herpes ☐ Arthritis

   ☐ Frequent cold sores ☐ HIV/AIDS ☐ Keloid scarring ☐ Skin diseases/lesions

   ☐ Seizure disorder ☐ Hepatitis ☐ Hormone imbalance ☐ Thyroid imbalance

   ☐ Blood clotting abnormalities ☐ Any active infection
5. Do you have any other health problems or medical conditions? Please list:

   _____
6. Have you ever had an allergic reaction to any of the following? (check all that apply)

   ☐ Food _____ ☐ Latex ☐ Aspirin

   ☐ Hydrocortisone ☐ Hydroquinone ☐ Lidocaine

   ☐ Others _____

Medications

7. What oral/topical medications are you presently taking?

   ☐ Birth Control pills ☐ Hormones ☐ Others _____
8. Are you on any mood altering or anti-depression medication? ○ Yes ○ No
9. Have you ever used Accutane? ○ Yes ○ No If yes, when did you last use it? _____
10. What herbal supplements do you use regularly? Others _____

History

11. Have you ever had laser hair removal? ○ Yes ○ No
12. Have you had any recent tanning or sun exposure? ○ Yes ○ No
13. Do you form thick or raised scars from cuts or burns? ○ Yes ○ No
14. Do you have Hyperpigmentation (darkening of the skin), or Hypopigmentation (lightening of the skin or marks)
    after physical trauma? ○ Yes ○ No If yes, please explain: _____
15. Have you ever had local anesthesia with lidocaine? ○ Yes ○ No

Female Clients

16. Are you pregnant or trying to become pregnant? ○ Yes ○ No
17. Are you breastfeeding? ○ Yes ○ No
18. Are you using contraception? ○ Yes ○ No

Medical History (page 2)

Which of the following best describes your skin type?

- ○ I Always burn, never tan
- ○ II Always burn, sometimes tan
- ○ III Sometimes burn, always tan
- ○ IV Rarely burn, always tan
- ○ V Brown, moderately pigmented skin
- ○ VI Heavily pigmented skin, very dark hair

Client Signature _____ Date _____

Treatment Provider _____ Date _____

Medical Director _____ Date _____