

Please Check all Below that Apply:

- Current or history of cancer, especially malignant melanoma or recurrent non-melanoma skin cancer, or pre-cancerous lesions such as multiple dysplastic nevi.
- Diseases which may be stimulated by light at 515 nm to 1200 nm, such as history of recurrent Herpes Simplex, Systemic Lupus Erythematosus, or Porphyria.
- Use of photosensitive medication and/or herbs that may cause sensitivity to 515 - 1200 nm light exposure, such as Isotretinoin, tetracycline, or St. John's Wort.
- Immunosuppressive diseases, including AIDS and HIV infection, or use of immunosuppressive medications.
- History of Hormonal or endocrine disorders, such as polycystic ovary syndrome or diabetes.
- Allergies. If checked, please explain: _____
- History of bleeding coagulopathies, or use of anticoagulants
- Facial implant. If checked, please explain: _____
- Pregnant
- Use Tanning Lotions
- Prone to Scarring
- Wear Contact Lenses
- Had a Facial Before
- Prone to Dry Skin
- Consume Alcohol Daily
- Had Waxing Before
- Prone to Ingrown Hairs
- Diabetes
- Had Chemical Peel Before
- Prone to Skin Bumps
- History of Keloid Scarring
- Prone to Acne
- Prone to Hyper-pigmentation
- Active Infection
- Prone to Bruising
- Prone to Rashes/Eczema

Please list medications taking (including aspirin, St. John's Wort, etc.) or creams you're applying to your skin below:

- Medications or herbal preparations: _____
- Creams or ointments: _____

What prior treatments have you had (including facials)? _____

Are you currently or have you been under physician/dermatologist care within the last year? Yes No

When was your last laser treatment? _____ How often do you receive skin care services? _____

Have you ever used Accutane? _____ If so, when was the last time? _____

Fitzpatrick Skin Eval	0	1	2	3	4
What is the natural color of your hair?	Sandy red	Blond	Chestnut, dark blond	Dark brown	Black
What is the color of sun unexposed skin 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
What happens when you are in the sun TOO long w/o sun block?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns, sometimes with by peeling	Rarely burns	Never had a problem
How well do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easily	Turn dark very quickly
Do you turn brown within one day of sun exposure?	Never	Seldom	Sometimes	Often	Always
How does your face respond to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem
Last time exposed to the sun or UV beds?	More than 3 months ago	2-3 month ago	1-2 months ago	Less than 1 month ago	Less than 2 weeks ago
Do you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always

Name _____ Signature _____ Date _____