



## PATIENT INTAKE FORMS

Personal Information			
Name		Home phone	
Address		Work / Mobile Phone	
City		Province / State	
Zip Code		Date of birth	
Referred by		Gender	Male / Female

Skin Type Assessment- Office Use			
Fitzpatrick skin type	I II III IV V VI	Ethnicity	
Last exposed to UV	(Sun or tanning bed)		
Passive tan?	Yes / No	Self-tanning lotion?	Yes / No

Hair Assessment- Office Use			
Areas to be treated			
Hair density	Sparse / Medium / Dense	Hair thickness	Fine / Medium / Coarse
Hair color		Hair density	_____ / cm <sup>2</sup>



Name \_\_\_\_\_

DOB: \_\_\_\_\_

# Medical History

Medical History			
Pacemaker/defibrillator/metal implant		Active skin infection (e.g. psoriasis, eczema)	
Accutane/RetinA/Renova		Skin disorders (e.g. keloids, abnormal wound healing, warts)	
Current or history of skin cancer/ other cancer / pre-malignant moles		History of bleeding disorders	
Severe concurrent medical conditions (e.g. cardiac disorders)		Use of medication / herbs inducing photosensitivity	
Pregnancy and nursing		Facial laser resurfacing / deep chemical peeling, last 3 months	
Impaired immune system		Electrolysis, waxing or tweezing, last 6 weeks	
Diseases stimulated by light (e.g. Lupus, Porphyria, Epilepsy)		Tattoo or permanent makeup	
Diseases stimulated by heat (e.g. Herpes Simplex)		Tanned skin/Recent Sunburn	
Endocrine disorders (e.g. diabetes, PCO)		Saphenous Insufficiency	
Irregular, pigmented moles or growths		Injections/fillers	
<b>List any medications taken</b>			
<b>List any allergies</b>			
<b>Detail any medical condition</b>			
<b>Other considerations or surgical history</b>			