General Information:

Name: ______________________________

Address: ______________________________
Street / Box City State Zip

Occupation: ______________________________

Home Phone: ______________________ Work Phone: ______________________ Ext______

Cell Phone: ______________________ Birth Date ______________________

May we call to confirm appointments: ❑ Yes ❑ No

Referred by: ❑ Person ❑ Physician ❑ TV ❑ Newspaper ❑ Other

Desired Treatment Areas:

❑ Abdomen	❑ Ears	❑ Lip: Upper/Lower	❑ Arms	❑ Eyebrows	❑ Legs
❑ Back	❑ Feet	❑ Nose	❑ Bikini Line	❑ Face: Sides/Full	❑ Thighs
❑ Breast	❑ Hairline	❑ Private Areas	❑ Chest	❑ Hands	❑ Fingers
❑ Chin	❑ Other______________________				

Medical:

Accutane	❑ No	❑ Yes	Heart Condition	❑ No	❑ Yes
Acne	❑ No	❑ Yes	Hemophilia	❑ No	❑ Yes
Canker / Cold Sores	❑ No	❑ Yes	Hepatitis	❑ No	❑ Yes
Carcinoma / Cancer	❑ No	❑ Yes	High Blood Pressure	❑ No	❑ Yes
Contact Lenses	❑ No	❑ Yes	Keloid Scars	❑ No	❑ Yes
Dermatitis / Eczema	❑ No	❑ Yes	Metal Pins in Body	❑ No	❑ Yes
Diabetes	❑ No	❑ Yes	Moles	❑ No	❑ Yes
Genital Herpes	❑ No	❑ Yes	Pacemaker	❑ No	❑ Yes
Latex Allergy	❑ No	❑ Yes	Tuberculosis	❑ No	❑ Yes
Chelation/Gold Therapy	❑ No	❑ Yes	Dental / Breast Implants	❑ No	❑ Yes
Permanent Makeup	❑ No	❑ Yes	Self Tanning Cream	❑ No	❑ Yes

Current Medications: ______________________________

____

Recently on antibiotics or steroids: ❑ No ❑ Yes Allergies ______________________

Female Clients:

In Menopause	❑ No	❑ Yes	Birth Control	❑ No	❑ Yes
Post Menopause	❑ No	❑ Yes	Hormone Pills	❑ No	❑ Yes
Regular Periods	❑ No	❑ Yes	Endocrine Problem	❑ No	❑ Yes
Hormonal Imbalance	❑ No	❑ Yes	Pregnant	❑ No	❑ Yes

Other______________________

Current Evaluation of Skin & Hair:

Previous treatments	❑ electrology	❑ electric tweezer	❑ laser	❑ none	
Temporary Methods:	❑ shaving	❑ tweezing	❑ depilatories	❑ waxing	❑ none
How do you heal:	❑ very good	❑ fairly good	❑ slow		

Ethnic Background:

Please check your ehnic background. (This is very important in determining your skin type.)

❑ Causasian	❑ Hispanic	❑ Turkish	❑ Eskimo	❑ Middle Eastern	❑ Pakistani
❑ European	❑ Asian	❑ American Indian	❑ Afro American	❑ Fugi	❑ India Indian
❑ Mediterranean					

(Over)

Please fill out to determine your skin type for laser treatments.
Circle selection to determine your score.

Genetic Disposition

Score	0	1	2	3	4
Your **natural** eye color?	**Light** blue, green, or gray	Blue, gray or green	Blue	Dark Brown	Brownish Black
Natural color of Your hair?	Sandy, red	Blond	Chestnut/ Dark Blond	Dark Brown	Black
Color of your **nonexposed** skin	Reddish	Very Pale	Pale with beige tint	Light Brown	Dark Brown
Do you have freckles on **unexposed** areas?	Many	Several	Few	Incidental	None

Total score for genetic disposition: ________

Reaction to Sun Exposure

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	Rarely burns	Never burn
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 yo turn brown within several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always
How does your face react to the sun?	Very Sensitive	Sensitive	Normal	Very Resistant	Never had a problem

Total score for reaction to sun exposure: ________

Tanning Habits

Score	0	1	2	3	4
When did you last expose your body to sun or tanning booth / cream?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than one month ago	Less than 2 weeks ago
Did you expose the area to be treated to the sun?	Never	Hardly Ever	Sometimes	Often	Always

Total score for tanning habits: ________

Summary Add up the total scores for each section for your Skin type Score to give you a better evaluation of your skin type.

________ **Total score for Genetic Dispostion**

________ **Total score for Reaction to Sun Exposure**

________ **Total score for Tanning Habits**

________ **Skin Type Score**

Your Fitzpatrick Skin Type:

Skin Type Score	Fitzpatrick Skin Type
0 - 7	I
8 - 16	II
17 - 25	III
25 - 30	IV
Over 30	V - VI