

Patient Name: _____

SKIN TYPE ASSESMENT

Fitzpatrick Skin Type I II IV V VI Ethnicity _____

Last exposed to UV (sun or tanning bed) _____

Passive Tan? _____ Self-Tanning Lotion? _____

HAIR ASSESSMENT

Areas to be Treated _____

Hair density: Sparse Medium Dense Hair Thickness: Fine Medium Coarse

Hair Color _____

MEDICAL HISTORY

| | | | |
|--------------------------------------------------------------|--|----------------------------------------------------------|--|
| Pacemaker/Defibrillator | | Metal Implants | |
| Current history of skin (cancer/premalignant moles) | | Active skin infection (e.g. psoriasis, eczema) | |
| Severe concurrent medical conditions (cardiac disorders) | | Skin disorders (e.g. keloids, abnormal wound healing) | |
| Pregnancy/Nursing | | Impaired immune system | |
| Diseases stimulated by light (Lupus, Epilepsy, Porphyria) | | Disease stimulated by heat (Herpes Simplex) | |
| Endocrine disorders (diabetes, PCO) | | Use of medication/herbs inducing photosensitivity | |
| Facial laser resurfacing/deep chemical peeling last 3 months | | Needle epliation, waxing or tweezing in the last 6 weeks | |
| Tattoo or permanent make-up | | Tanned Skin | |
| History of bleeding disorders | | Sapheneous Insufficiency | |

Signature: _____