

MEDICAL HISTORY

TODAY'S DATE

CLIENT NAME		DATE OF BIRTH	
STREET ADDRESS APT #	CITY	STATE	ZIP
EMAIL ADDRESS			

GENERAL INFORMATION

ARE YOU CURRENTLY UNDER THE CARE OF A PHYSICIAN? YES NO	IF "YES", WHAT FOR?		
ARE YOU CURRENTLY UNDER THE CARE OF A DERMATOLOGIST? YES NO	IF "YES", WHAT FOR?		
DO YOU HAVE A HISTORY OF ERYTHEMA ABIGNE (PERSISTENT SKIN RASH PRODUCED BY PROLONGED/REPEATED EXPOSURE TO MODERATELY INTENSE HEAT OR INFRARED IRRITATION)? YES NO			
DO YOU HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS? (SELECT ALL THAT APPLY)			
CANCER	DIABETES	HIGH BLOOD PRESSURE	HERPES
FREQUENT COLD SORES	HIV/AIDS	KELOID SCARRING	SKIN DISEASE/LESIONS
SEIZURE DISORDER	HORMONE IMBALANCE	THYROID IMBALANCE	BLOOD CLOTTING ABNORMALITIES
ARTHRITIS	HEPATITIS	ANY ACTIVE INFECTION	
DO YOU HAVE ANY OTHER HEALTH PROBLEMS OR MEDICAL CONDITIONS? PLEASE LIST			
HAVE YOU EVER HAD AN ALLERGIC REACTION TO ANY OF THE FOLLOWING? (SELECT ALL THAT APPLY)			
FOOD	LATEX	ASPIRIN	HYDROCORTISONE
HYDROQUINONE	LIDOCAINE	OTHERS: _____	

MEDICATIONS

WHAT ORAL/TOPICAL MEDICATIONS ARE YOU PRESENTLY TAKING?	
BIRTH CONTROL PILLS	HORMONES
OTHERS: _____	
ARE YOU ON ANY MOOD ALTERING OR ANTI-DEPRESSION MEDICATION? YES NO	
HAVE YOU EVER USED ACCUTANE? YES NO	IF "YES", WHEN DID YOU LAST USE IT?
WHAT HERBAL SUPPLEMENTS DO YOU USE REGULARLY?	

HISTORY

HAVE YOU EVER HAD LASER HAIR REMOVAL? YES NO
HAVE YOU HAD ANY RECENT TANNING OR SUN EXPOSURE? YES NO
DO YOU FORM THICK OR RAISED SCARS FROM CUTS OR BURNS? YES NO
HAVE YOU EVER HAD LOCAL ANESTHESIA WITH LIDOCAINE? YES NO
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:

FEMALE CLIENTS

ARE YOU PREGNANT OR TRYING TO BECOME PREGNANT? YES NO
ARE YOU BREASTFEEDING? YES NO
ARE YOU USING CONTRACEPTION?? YES NO

WHICH OF THE FOLLOWING BEST DESCRIBES YOUR SKIN TYPE? TYPE I ALWAYS BURN, NEVER TAN TYPE II ALWAYS BURN, SOMETIMES TAN TYPE III SOMETIMES BURN, ALWAYS TAN TYPE IV RARELY BURN, ALWAYS TAN TYPE V BROWN, MODERATELY PIGMENTED SKIN TYPE VI HEAVILY PIGMENTED SKIN, DARK HAIR
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CLIENT SIGNATURE	DATE
TREATMENT PROVIDER	DATE
MEDICAL DIRECTOR	DATE