

**PATIENT MEDICAL HISTORY**

NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Preferred Contact phone number \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Is it important to be discreet? \_\_\_\_\_

Why are you here today? \_\_\_\_\_

**MEDICAL HISTORY**

Allergies: \_\_\_\_\_ Current medications: (including herbal  
meds.) \_\_\_\_\_

Heart condition Yes No      Keloids Yes No      BloodClots Yes No  
Diabetes Yes No      On an Anticoagulant Yes No      Cold Sores/herpes Yes No

Are you pregnant? Yes No    Have you been on Accutane or Gold Therapy in the last 6 months?  
Yes No

Have you had sclerotherapy or any previous laser treatment? Yes No

Include any medications, including antibiotics, you are on that prohibits exposure to sunlight? Yes  
No

Are you currently using a chemical self-tanner? Yes No

Circle what happens to your skin when you are exposed to the sun for one hour without sunscreen:

Always burn, never burn                      Rarely burn, tan more than average  
Usually burn, tan less than average        Rarely burn, tan profusely  
Sometimes mild burn, tan about average    Never burn, deeply pigmented

SKIN TYPE	Light	Medium	Dark	Tan
Caucasian	_____	_____	_____	_____
Asian	_____	_____	_____	_____
Hispanic	_____	_____	_____	_____
Mediterranean	_____	_____	_____	_____
African American	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

What brings you here today? (brown spots, wrinkles, hair reduction, products, etc.)  
\_\_\_\_\_

Pre-paid monies are non-refundable: \_\_\_\_\_ (please initial)

I certify that the above medical history is accurate and correct:

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_