

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: _____