



## LaserDerm Skin Care Center Patient Information

Today's Date \_\_\_\_\_

Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please Email Me Specials And Promotions!

How Did You Find Out About Us?

<input type="checkbox"/> Facebook	<input type="checkbox"/> Twitter
<input type="checkbox"/> Facebook Ad	<input type="checkbox"/> Friend
<input type="checkbox"/> Online Search	<input type="checkbox"/> Yelp
<input type="checkbox"/> Online Ad	<input type="checkbox"/> Other:

**Reason I Am Here Today:** \_\_\_\_\_  
 \_\_\_\_\_

Other Skin Issues That Pertain To Me (Please Check All That Apply):

<input type="checkbox"/> Acne	<input type="checkbox"/> Freckles	<input type="checkbox"/> Blackheads	<input type="checkbox"/> Oily Skin
<input type="checkbox"/> Scars	<input type="checkbox"/> Spider Veins	<input type="checkbox"/> Whiteheads	<input type="checkbox"/> Rosacea
<input type="checkbox"/> Deep Wrinkles	<input type="checkbox"/> Broken Capillaries	<input type="checkbox"/> Age Spots	<input type="checkbox"/> Hypo Pigmentation
<input type="checkbox"/> Fine Lines	<input type="checkbox"/> Loose Skin	<input type="checkbox"/> Surgical Scars	<input type="checkbox"/> Hyper Pigmentation
<input type="checkbox"/> Sensitive Skin	<input type="checkbox"/> Unwanted Hair	<input type="checkbox"/> Rough Skin	<input type="checkbox"/> Facial Redness
<input type="checkbox"/> Dry Skin	<input type="checkbox"/> Sun Damage	<input type="checkbox"/> Melasma	<input type="checkbox"/> Stretch Marks
<input type="checkbox"/> Other			<input type="checkbox"/> Unwanted Tattoo



Skin Type:

<input type="checkbox"/> I Always Burns Easily/Never Tans/Extremely Sun Sensitive
<input type="checkbox"/> II Always Burns Easily/Tans Minimally/Very Sun Sensitive
<input type="checkbox"/> III Sometimes Burns/Tans Gradually To Light Brown/ Sun Sensitive
<input type="checkbox"/> IV Burns Minimally/Always Tans To Moderate Brown/Minimally Sun Sensitive
<input type="checkbox"/> V Very Rarely Burns/Tans Well/Sun Insensitive
<input type="checkbox"/> VI Never Burns/Deep Pigmented Skin/Sun Insensitive

What Is Your Ethnicity?: \_\_\_\_\_

Eye Color:

<input type="checkbox"/> Blue	<input type="checkbox"/> Gray	<input type="checkbox"/> Green	<input type="checkbox"/> Hazel	<input type="checkbox"/> Brown	<input type="checkbox"/> Black
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Hair Color:

<input type="checkbox"/> Blonde	<input type="checkbox"/> Light Brown	<input type="checkbox"/> Red	<input type="checkbox"/> Medium Brown/ Chestnut
<input type="checkbox"/> Dark brown	<input type="checkbox"/> Black	<input type="checkbox"/> Salt and Pepper	<input type="checkbox"/> Gray

Check Prior treatments That You Have Had:

<input type="checkbox"/> Botox®	<input type="checkbox"/> Injectable Fillers	<input type="checkbox"/> Medical Grade Facials	<input type="checkbox"/> Sclerotherapy/ Vein Therapy
<input type="checkbox"/> Hair Removal	<input type="checkbox"/> Medical Skin Products	<input type="checkbox"/> Chemical Peels	<input type="checkbox"/> Intense Pulsed Light
<input type="checkbox"/> Microdermabrasion	<input type="checkbox"/> Customized Skin Rejuvenation Programs	<input type="checkbox"/> Laser Resurfacing	<input type="checkbox"/> Permanent Makeup

Check The Following Conditions Or Treatments That Apply To You?

- Accutane In The Last 6-12 Months
- Allergies To Medications, Foods, Latex, Topical Product Or Other Substances
- Alpha Hydroxy Acid Products In The Last 48 Hours
- Asthma
- Autoimmune Disease (Lupus, Scleroderma)
- Blood Thinners (Coumadin, Heparin, Aspirin, Ibuprofen)
- Botox In The Last 2 Weeks
- Cancer Treatment
- Collagen Injection In The Last 2 Weeks
- Diabetes
- Eczema
- Epilepsy
- Herbal Remedies Such As St. John's Wort Or Ginko Biloba
- High/Low Blood Pressure
- HIV/AIDS
- Infections
- Immunosuppression
- Moles, Warts Or Skin Tags
- Open Lesions
- Pacemaker
- Permanent Make-Up/Tattoos
- Photosensitizing Medications
- Polycystic Ovaries/Menstrual Dysfunction
- Pregnancy/Nursing
- Psoriasis
- Plucking, Tweezing, Waxing, Electrolysis In The Last 6 Weeks In The areas For Hair Reduction
- Rashes
- Retin A, Renova, Salicylic Acid, Alpha/Beta Hydroxyl, Glycolic Products Within 2 Weeks
- Seborrhea
- Seizure History
- Steroid Use Such As Prednisone, Cortisone
- Sun Exposure In The Last 4 Weeks
- Viral Lesions (Herpes 1, Herpes 2, Shingles, Cold Sores)
  
- None Of The Above



List Medications, Vitamins/Supplements Or Topical Medications That You Have Used In The Past 6 Months: \_\_\_\_\_

List Any Allergic Reactions Or Sensitivities That You Have Had To Skin Products, Foods, Medications, Etc.: \_\_\_\_\_

List All Surgeries, Including Cosmetic: \_\_\_\_\_

Lifestyle:

Type Of Work: \_\_\_\_\_

Stress Level: \_\_\_\_\_High \_\_\_\_\_Medium \_\_\_\_\_Low

Do You Smoke? \_\_\_\_\_No \_\_\_\_\_Yes How Much? \_\_\_\_\_

Daily Sun Exposure: \_\_\_\_\_/Hrs/Day Sunscreen Used \_\_\_\_\_ SPF: \_\_\_\_\_

Water Intake: \_\_\_\_\_/Glasses/Day

Tea/Coffee: \_\_\_\_\_/Glasses/Day

Alcohol: \_\_\_\_\_/Drinks Per Week

Hours Of Sleep: \_\_\_\_\_/Per Night/Day

Exercise: \_\_\_\_\_/Hours Per Week

**Please Sign here:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Thank you for taking the time to complete our Patient Information Form. The information provided allows us to better serve you and to provide the high quality of care that LaserDerm is accustomed to providing to all of our patients. During future visits, please let us know if any of the above information has changed. All information and treatments are kept confidential.**