LaserDerm
skin care center

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?

☐ Facebook	☐ Twitter
☐ Facebook Ad	☐ Friend
☐ Online Search	☐ Yelp
☐ Online Ad	☐ Other:

Reason I Am Here Today: _____

_____

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

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

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Skin Type:

☐ I Always Burns Easily/Never Tans/Extremely Sun Sensitive
☐ II Always Burns Easily/Tans Minimally/Very Sun Sensitive
☐ III Sometimes Burns/Tans Gradually To Light Brown/ Sun Sensitive
☐ IV Burns Minimally/Always Tans To Moderate Brown/Minimally Sun Sensitive
☐ V Very Rarely Burns/Tans Well/Sun Insensitive
☐ VI Never Burns/Deep Pigmented Skin/Sun Insensitive

What Is Your Ethnicity?: _____

Eye Color:

☐ Blue	☐ Gray	☐ Green	☐ Hazel	☐ Brown	☐ Black

Hair Color:

☐ Blonde	☐ Light Brown	☐ Red	☐ Medium Brown/ Chestnut
☐ Dark brown	☐ Black	☐ Salt and Pepper	☐ Gray

Check Prior treatments That You Have Had:

☐ Botox®	☐ Injectable Fillers	☐ Medical Grade Facials	☐ Sclerotherapy/ Vein Therapy
☐ Hair Removal	☐ Medical Skin Products	☐ Chemical Peels	☐ Intense Pulsed Light
☐ Microdermabrasion	☐ Customized Skin Rejuvenation Programs	☐ Laser Resurfacing	☐ Permanent Makeup

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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

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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.