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LASER HAIR REMOVAL ASSESSMENT FORM

Name _____ Date of birth _____ Age _____

Address: _____

Phone: _____

What areas do you wish to have treated? _____

What is your current form of hair removal? _____

Previous laser, plucking, waxing, or electrolysis treatments? When? _____

Recent sun exposure or tanning booth or recent tanning sessions (spray tan)? _____ When? _____ Do you have a tan? _____

Do you use Glycolic products, exfoliating products, or Retin-A? _____

Do you have hyperpigmentation (darkening of the skin) or hypopigmentation (lightening of the skin) or marks after physical trauma? () Yes () No if yes explain _____

Have you used any of the following hair removal methods in the past six weeks? () shaving () waxing () electrolysis () plucking () tweezing () stringing () depilatories

Are you pregnant? _____ Last menstrual period? _____ Menopausal? _____
Irregular periods? _____ Explain _____

Please list any allergies to medications _____

List all medications you take including herbals and over the counter medications _____

Have you had cold sores or herpes in the treatment area? _____

Have you ever had any surgeries or skin cancers in the treated area? _____

Any tattoos or permanent makeup? _____ Have you ever taken Accutane? _____ When? _____

Do you have dental fillings or bridge work? _____

How did you hear about us? ___TV ___Website ___Washington Woman
___Washington Blade ___Friend, If friend who _____

Select **one** description that would best describe you if you were exposed to strong sun without sunblock:

- | | |
|---|--|
| 1. I always burn and never tan _____ | 2. I always burn and sometimes tan _____ |
| 3. I sometimes burn, but always tan _____ | 4. I rarely burn, but always tan _____ |
| 5. I have moderately pigmented skin _____ | 6. I have darkly pigmented skin _____ |

What is your ethnic ancestry? _____

Please list all medical problems: _____

Signature _____ Date _____

*****LATE PATIENTS WILL HAVE TIMED DEDUCTED FROM THEIR APPOINTMENT*****