



PATIENT INTAKE FORM

Personal Information			
Name		Home phone	
Address		Work / Mobile Phone	
City		State	
Zip Code		Date of birth	
Referred by		Gender	Male / Female

Skin Type Assessment			
Fitzpatrick skin type	I II III IV V VI	Ethnicity	
Last exposed to UV	(Sun or tanning bed)		
Passive tan?	Yes / No	Self-tanning lotion?	Yes / No

Hair Assessment			
Areas to be treated			
Hair density	Sparse / Medium / Dense	Hair thickness	Fine / Medium / Coarse
Hair color		Hair density	_____ / cm ²

Medical History			
Pacemaker / defibrillator		Active skin infection (e.g. psoriasis, eczema)	
Metal implants		Skin disorders (e.g. keloids, abnormal wound healing)	
Current or history of skin cancer / other cancer / pre-malignant moles		History of bleeding disorders	

Severe concurrent medical conditions (e.g. cardiac disorders)		Use of medication / herbs inducing photosensitivity	
Pregnancy and nursing		Facial laser resurfacing / deep chemical peeling, last 3 months	
Impaired immune system		Needle epilation, waxing or tweezing, last 6 weeks	
Diseases stimulated by light (e.g. Lupus, Porphyria, Epilepsy)		Tattoo or permanent makeup	
Diseases stimulated by heat (e.g. Herpes Simplex)		Tanned skin	
Endocrine disorders (e.g. diabetes, PCO)		Saphenous Insufficiency	
Surgical Procedures		Injections/fillers	

List any medications taken	
List any allergies	
Detail any medical condition	
Other considerations	

Patient Signature

Date