*SkinScape Laser & Asethetics*

Laser/Hair Reduction/IPL Questionnaire

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB \_\_\_\_\_\_\_\_\_\_\_

1. What area(s) are you interested in having treated? Check all areas that apply.

\_\_\_\_Chin \_\_\_\_Breasts \_\_\_\_Legs \_\_\_\_Back

\_\_\_\_Lip \_\_\_\_Abdomen \_\_\_\_Thighs \_\_\_\_Shoulders

\_\_\_\_Neck \_\_\_\_Bikini Line \_\_\_\_Knees \_\_\_\_Chest

\_\_\_\_Side Burns \_\_\_\_Buttocks \_\_\_\_Feet & Toes \_\_\_\_Underarms

\_\_\_\_Forehead \_\_\_\_Hands & Fingers \_\_\_\_Arms \_\_\_\_Brazilian

\_\_\_\_Cheeks \_\_\_\_Ears \_\_\_\_Forearms

1. Do you have fair skin and dark hair in the area that you want treated?

\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No

1. Are you currently tanned including spray tan in the area that you wish to have treated?

\_\_\_\_\_\_\_Yes (must wait 4wks tan, 2 wks spray tan) \_\_\_\_\_\_\_No

1. Are you currently taking any of the following meds:

 antibiotics \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2 wk wait for photo sensitive drugs/antibiotics

 Accutane \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (wait 6 months)

 Valtrex \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (may need pretreatment)

 Retine A \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (wait 2 wks)

1. Do you have active fever blisters, cold sores or genital herpes?

\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No

1. Have you had a chemical peel in the last 4 weeks?

**\_\_\_\_\_\_\_**Yes (must wait 4 wks) \_\_\_\_\_\_\_No

1. Do you have a tattoo or permanent make up in the area you want treated?

\_\_\_\_\_\_\_Yes (no treatment over tattoo or permanent make up) \_\_\_\_\_\_\_No

1. Have you waxed, tweezed or had electrolysis in the desired area to be treated?

\_\_\_\_\_\_\_Yes (wait 4 wks, 2 wks for photofacial since not targeting hair) \_\_\_\_\_\_\_\_No

1. Have you had Botox, filler, aggressive scrubs, microderm abrasion or micro-needling in desired treatment area? \_\_\_\_\_\_\_Yes (2 wk wait) \_\_\_\_\_\_\_No
2. Please rate your skin type based upon the following scale and personal experience.

\_\_\_\_\_\_\_Type I Always burn, never tan

\_\_\_\_\_\_\_Type II Usually burn, tan less than average (with difficulty)

\_\_\_\_\_\_\_Type III Sometimes mild burn, tan about average

\_\_\_\_\_\_\_Type IV Rarely burn, tan more than average (with ease)

\_\_\_\_\_\_\_Type V Very rarely burns, tans well.

\_\_\_\_\_\_\_Type VI Never burns, deep pigment sun insensitive skin

1. Check any of the following conditions: pregnant or nursing \_\_\_\_\_\_\_\_\_\_\_\_

 seizures \_\_\_\_\_\_\_\_\_\_\_\_

 active cancer within last year \_\_\_\_\_\_\_\_\_\_\_\_

 melasma in photo treatment area \_\_\_\_\_\_\_\_\_\_\_\_

 pacemaker or internal defibrillator \_\_\_\_\_\_\_\_\_\_\_\_

 malignancy in treatment area \_\_\_\_\_\_\_\_\_\_\_\_

 infection in treatment area \_\_\_\_\_\_\_\_\_\_\_\_

 history of keloid scarring \_\_\_\_\_\_\_\_\_\_\_\_

 uncontrolled diabetes (A1C must be below 7)\_\_\_\_

 **(above conditions are exclusions)**

1. Please list ALL medications that you are currently taking:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Patient Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

 NP/Technician Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_