

MASON MED/SPA

832-257-5169

1. Are you currently under a doctor's care? YES/NO
If so, for what reason? _____

2. Do you take/use any medication (prescription/non-prescription) vitamins, herbal/natural supplements, on a regular basis? YES/NO
Please list: _____

3. Are there any topical products (medical/non-medical) that you use on your skin on a regular or daily basis? YES/NO
Please list: _____

4. Do you have any allergies to medication, food, latex or other substance? YES/NO
Please list: _____

5. Do you take/use steroids (i.e. prednisone, dexamethasone)? YES/NO
Please list: _____

6. Do you have a history of Herpes in the area being treated? YES/NO
7. Do you have a history of keloid scarring or hypertrophic scar formation? YES/NO
8. Do you have any open sores/lesions? YES/NO
9. Have you had any radiation therapy in the area being treated? YES/NO
10. Do you have a history of light induced seizures? YES/NO
11. In the last six months, have you used any of the following: anticoagulant or blood thinning medication; photosensitizing medication; or anti-inflammatory medication? YES/NO
Please list with date last used: _____

12. In the last three months, have you used any of the following: glycolic acid or other alpha/beta hydroxy acid products; exfoliating/resurfacing products or treatments? YES/NO
Please list with date last used: _____

13. Do you have or have you ever had any of the following: permanent makeup; tattoos; implants or fillers - including but not limited to: collagen, Restylane, autologous fat, etc.? YES/NO
Please list location & dates: _____
14. Have you ever had any Botulinums, such as Botox/Dysport? YES/NO
Please list location & dates: _____
15. Have you taken Accutane (or products containing isotretinoin) in the last twelve months? YES/NO
Please list with date last used: _____
16. Have you taken/used Tretinoin (i.e. Retin-A, Renova) in the last six months? YES/NO
Please list with date last used: _____
17. Have you had any unprotected sun exposure, used tanning creams (including sunless tanning lotions) or tanning bed/lamp in the last 4/6 weeks? YES/NO
Please list with date last used: _____
18. Are you or could you be pregnant? YES/NO
19. Have you ever been diagnosed with the following:
- | | |
|-----------------------------|--------|
| Skin Cancer | YES/NO |
| Polycystic Ovarian Disorder | YES/NO |
| Hypertension | YES/NO |
| Diabetes | YES/NO |
| Heart Disease | YES/NO |
| Lung Disease | YES/NO |
| HIV/Aids | YES/NO |
| Other _____ | |

Signature _____

B/P: _____ TEMP: _____ RESP: _____
HR: _____ O2/SAT: _____

RN: _____ MD: _____

