

Are you:

Currently taking any medication or any supplements?

No/Yes (please specify the condition & medications) _____

Currently using/used in the last 3 months, any of the following? (please circle):

St John's Wort / Amiodarone / Minocycline / Anticoagulants
Gold Medications / Oral or Topical Retinoids (e.g Roaccutane or Retin A) / Oral or Topical Steroids

Comments: _____

Recovering from any major medical treatment or photodynamic therapy (PDT) within the last 6 months?

No/Yes (please specify) _____

Has the area for treatment:

Ever had any of the following? (please circle)

Moles / Birthmarks / Tattoos / Permanent makeup / Chemical peel / Botox / Injectable fillers /None

Suffered from any skin disorder/disease? No/Yes _____

Had previous Laser or IPL treatment? No/Yes _____

Your skin:

What products do you use on your skin? _____

Please INDICATE how your skin responds to midday summer sun exposure with no sunscreen:

- ☐ Skin Type 1 Always burns, never tans
- ☐ Skin Type 2 Easily burnt, eventually gets a moderate tan
- ☐ Skin Type 3 Sometimes burns, quickly gets an average tan
- ☐ Skin Type 4 Rarely burns, quickly gets a deep tan
- ☐ Skin Type 5 Very rarely burns, consistent tan
- ☐ Skin Type 6 Never burns, consistent tan

Do you currently have a real or fake tan? Yes/ No _____

Have you had any sun exposure or sun beds in the last 4 weeks? Yes/No _____

What are your goals/expectations for the treatment?

Where did you hear about the clinic? Recommendation/Advert/Leaflet/Press/Other
