# Patient Medical History

| Personal Information | | | |
|---|---|---|---|
| Name | | Home Phone | |
| Address | | Work Phone | |
| City | | State | |
| Zip Code | | Date of Birth | |
| Ethnic Origin | | Sex | Male/Female |
| E-mail: | | | |

| Medical History | | | |
|---|---|---|---|
| Bleeding disorders, bruise easily | Yes/No | Endocrine/hormone issues | Yes/No |
| Pigmentation disorder | Yes/No | Pacemaker/defibrillator | Yes/No |
| History of cold sores | Yes/No | Accutane within 6 months | Yes/No |
| Heart Condition | Yes/No | Fainting Spellings | Yes/No |
| HIV/AIDS | Yes/No | History of keloid scaring | Yes/No |
| History of skin cancer | Yes/No | Dermatological conditions | Yes/No |
| Photo allergic | Yes/No | Contact lenses | Yes/No |
| Hearing aids | Yes/No | Dental Work | Yes/No |
| Orthopedic replacements | Yes/No | Are you pregnant? | Yes/No |
| Diabetes, if so, Type | Yes/No | Insulin Controlled? (Diabetes) | Yes/No |
| How often do you use alcohol? | x-day | x-week | x-month |

| | |
|---|---|
| List any medications taken: | |
| Medical conditions: | |
| List any allergies: | |

| **Skin Type** (when exposed to the sun without protection for about 1 hour) | |
|---|---|
| Always burns, never tans | |
| Usually burns, sometimes tans | |
| Sometimes burns, sometimes tans | |
| Always tans | |

| | |
|---|---|
| Are you planning a holiday in the sun? | |
| | |
| Reason for visit (areas to be treated) | |

| **Prior Treatment** (if any) | | | | | |
|---|---|---|---|---|---|
| Waxing | | Body Part(s) | | How long ago? | |
| Electrolysis | | Body Part(s) | | How long ago? | |

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| Depilatory | | Body Part(s) | | How long ago? | |
|---|---|---|---|---|---|
| Laser | | Body Part(s) | | How long ago? | |