



LASER HAIR REMOVAL HEALTH HISTORY FORM

Name: _____

DOB: _____

What treatment areas would you like laser hair removal?

Please list your medications and supplements that you are currently taking.

Please list any known allergies.

Please list any prior surgeries or procedures.

Have you had prior treatments with laser therapy? If so, please list which areas were treated and approximate date. Did you tolerate the laser treatment?

MEDICAL HISTORY (check all that apply)

- Hypertension (high blood pressure) or diabetes (type 1 or type 2)
- Cardiac problems (pacemaker or defibrillator)
- Kidney or liver disease
- Bleeding disorders or bruises easily
- Daily use of anticoagulants or aspirin
- Diseases stimulated by light (epilepsy)

- Diseases stimulated by heat (herpes/cold sores)
*pretreatment medication advised
- Known skin conditions
- Hormone imbalance
- Autoimmune disorder (lupus or thyroid disorder)
- Impaired healing (keloid or scarring)
- Cancer (present or past)
- Melasma
- Porphyria
- Infectious disease (HIV/AIDS)
- Implanted medical device (superficial metal in treatment area)
- Other (please list): _____

Are you under the care of a dermatologist? YES or NO

Name of dermatologist and last visit date: _____

Do you use sunscreen? _____ What SPF do you use? _____

Please answer the following questions:

- Do you have any tattoos or permanent makeup? YES or NO
- Do you have any moles or birthmarks? YES or NO
- Do you smoke? YES or NO
- Do you have any problems with hypopigmentation (lighter skin discoloration) or hyperpigmentation (darker skin discoloration)? YES or NO
- Have you recently plucked or waxed in the treatment area? YES or NO
- Are you tan now? YES or NO
- Do you tan currently? YES or NO
- Do you expect to tan soon (upcoming trips/sun exposure)? YES or NO

If applicable, please answer below.

- Are you pregnant? YES or NO
- Are you breastfeeding? YES or NO

Please explain here if you answered YES to any of the above questions.

SKIN TYPE

Please circle all that apply to your ethnic background.

- | | | | |
|-------|----------|----------------|-------|
| White | Asian | Mediterranean | Other |
| Black | Hispanic | Middle Eastern | |

Please select which of the following best describes how your skin reacts in the sun. Please answer this question with how your untanned skin would respond to the first sun exposure in several months.

- Always burns, never tans (palest/freckles)- Type I
- Usually burns, tans minimally (light colored but fair)- Type II
- Mild burn and tans moderately (golden honey or olive)- Type III
- Rarely burns, tans easily (light/moderate brown)- Type IV
- Rarely/never burns, tans profusely (brown/dark brown)- Type V
- Never burns, tans profusely (darkest brown)- Type VI

I certify that the preceding medical information is true and correct. It is my responsibility to inform Wendy F. Currier, NP-C, at Smith Facial Plastics of my current medical conditions and to update my health history with any changes. I understand I need to disclose all my health information in order to receive the best care and that this disclosure is completely confidential. I certify that I have read and understand the laser education information above. I have a clear understanding of what laser treatments involve.

Patient Printed Name: _____

Patient Signature: _____

Date: _____