

Client Information

First Name _____ M.I. _____ Last Name _____ Age: _____ Sex: M/F

Home Address _____ Date of Birth: ____/____/____

City _____ State _____ Zip _____ E-mail _____

Home Phone: _____ Work Phone: _____ Cell phone: _____

Allergies/Reaction: _____ Occupation: _____

Emergency Contact: _____ Telephone: _____

How did you hear about *Capital Laser*? _____

1. What areas on your body are you interested in treating? _____
2. What other treatments, if any, have you tried? _____ When: _____
3. Please circle the following if applicable: sunburn windburn self-tanner tanning bed
4. Have you used Renova or Retin A, Alpha-Hydroxy, glycolic acid? When/Where? _____
5. Are you or have you ever used Accutane? _____ When: _____ Dosage _____
6. Are you currently taking any of the following? __ Tetracycline __ Bactrim __ Hydrochlorothiazide
7. Are you currently taking any depression medications or other mood altering medication? _____
Why? _____
8. Please list any other medications or herbal supplements that you are currently taking (including topical):

Medical History:

Please put a check (√) next to a past or current medical condition(s):

- | | |
|---|--|
| <input type="checkbox"/> Lupus or other autoimmune deficiency | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Currently Pregnant/breastfeeding | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Bleeding abnormalities | <input type="checkbox"/> Scars that turn white or brown |
| <input type="checkbox"/> Keloid or very thick scarring | <input type="checkbox"/> Dark spots after pregnancy, skin injury |
| <input type="checkbox"/> Psoriasis or Vitiligo | <input type="checkbox"/> Hirsutism |
| <input type="checkbox"/> Herpes simplex | <input type="checkbox"/> Transplant Anti-Rejection Drugs |

This information is true to the best of my knowledge.

Signature: _____

Date: _____

CLIENT SKIN TYPE EVALUATION

Name: _____ Date: _____

This information will help our office to better evaluate your skin type so the laser treatment will be more effective. Please take a few minutes to fill out this questionnaire.

Please circle the skin type that is most similar to your ethnic heritage.

- | | | | |
|-----|--|----|--|
| I | Very Fair (Celtic and Scandinavian) | IV | Olive-skinned Caucasians (Mediterranean, Asian) |
| II | Fair-skinned Caucasians with light hair and light eyes | V | Dark-skinned (Middle Eastern, Hispanic, some Asians) |
| III | Pale-skinned Caucasians with dark hair and dark eyes | VI | Very dark-skinned (African) |

Please answer the following questions by circling the number which best describes you. Your technician will total the score during the consultation.

- My eye color is:
0 Light blue
1 Blue/green
2 Green/gray/golden
3 Hazel/light brown
4 Brown
- My natural hair color at age 18 was:
0 Red
1 Blonde
2 Light brown
3 Dark brown
4 Black
- The color of my skin that is not normally exposed to the sun is:
0 Reddish
1 Very pale
2 Pale with a beige tint
3 Light brown
4 Dark brown
- The number of freckles/moles on my skin is:
0 Many
1 Several
2 Few
3 Incidental
4 None
- If I go out into the sun for an hour or so without sunscreen and not having been out in the sun for weeks, my skin will:
0 Burn, blister and peel
1 Burn, then the burn resolves there is no color change
2 Burn, but then turns to tan in a few days
3 Get pink, but then turns to tan quickly
4 Just tan
- What is the potential darkness of your skin? After several hours of tanning, my skin would actually turn brown:
0 Never
1 Seldom
2 Sometimes
3 Often
4 Always
- How easily do you tan? During tanning my skin:
0 Barely changes color
1 Gets a golden hue
2 Gets reasonably tan
3 Gets tanned easily
4 Turns brown quickly
- How does your face react to the sun?
0 It is very sensitive
1 It is sensitive
2 It is normal
3 It is quite resistant
4 It never has a problem
- How often does the area to be treated get sun exposure, exposure to tanning booths or artificial tanning cream?
0 Never
1 Hardly ever
2 Sometimes
3 Often
4 Always
- When was the last time the area to be treated was exposed to either natural sunlight, tanning booths or artificial tanning cream?
0 More than three months ago
1 2-3 months ago
2 1-2 months ago
3 Within the past month
4 Within the past two weeks

Total score _____

Circle score and type:

(0-7) I (8-16) II (17-25) III (26-30) IV (31-35) V (35+) VI

Type V and VI approved by _____

Date _____