



HEALTH INFORMATION PROFILE

Date _____ Name _____

Age _____ Birth Date _____ Weight _____ Height _____ Male _____ Female _____

Have you had in the past or do you currently have:

Pregnancy (Currently)	Y N	Heart Disease	Y N
Diabetes	Y N	Irregular Pulse	Y N
Heart Attack	Y N	Fainting Spells	Y N
Seizure Disorder	Y N	Asthma	Y N
High Blood Pressure	Y N	Keloid (Abnormal Scar)	Y N
Irregular Menses	Y N	Lupus	Y N
Thyroid Disorder	Y N	Hepatitis	Y N
History of Herpes Simplex	Y N	Infections/fever blisters	Y N

Medications: (Accutane, Antibiotics, Aspirin, Antiviral, Iron, Gold therapy, Coumadin, topicals, herbs, orals, patches or photosynthetic meds)

Drug Allergies: _____

Have you ever been tested for HIV? _____ When _____ Results _____

Skin Type: (Please circle one)

- | | |
|----------------------------------|-----------------------------|
| I - Always burn, never tan | IV - Never burn, always tan |
| II - Always burn, sometimes tan | V - Moderate pigmentation |
| III - Sometimes burn, always tan | VI - Dark pigmentation |

Natural Hair Color: (Please circle one)

- | | | | | |
|--------|-----|-----------|----------|-------|
| Blonde | Red | Lt. Brown | Dk Brown | Black |
|--------|-----|-----------|----------|-------|

Do you currently have a tan? Yes No Last use of self-tanner: _____

Do you use sunscreen? Yes No What SPF? _____

Do you scar easily? Yes No

Do you keloid? Yes No

Do you heal quickly? Yes No

Have you ever had any previous laser therapy? Yes No

If yes, specify date/number of treatments/frequency/tissue response/device used, if known:

Previous hair removal history, if applicable: (please circle)

- | | | | | |
|-----|----------|--------------|-----------|---------|
| Wax | Plucking | Electrolysis | Bleaching | Shaving |
|-----|----------|--------------|-----------|---------|

Do you have any implants/injectables/permanent makeup/tattoos? Yes No

If so, please list location: _____

Area(s) you wish to have treated: (please circle)

- | | | | | | | | |
|------|------|----------|------|------|-------|--------|-------|
| Face | Neck | Underarm | Legs | Back | Chest | Bikini | Other |
|------|------|----------|------|------|-------|--------|-------|