



Prince Frederick, MD 20678
410-535-2811

PERSONAL PROFILE AND HEALTH HISTORY

NAME: _____ Date of Service: _____

Date of Birth: ____/____/____ Age: _____ Gender: Male Female

Address: _____

City/State/Zip: _____

Contact Information:

Order of contact:

Home number: _____ 1st, 2nd, 3rd, 4th

Work number: _____ 1st, 2nd, 3rd, 4th

Cell number: _____ 1st, 2nd, 3rd, 4th

e-mail address: _____ 1st, 2nd, 3rd, 4th

Occupation: _____

How did you hear about us? _____

What treatment(s) are you interested in? Check all that apply

- Facial Rejuvenation Pigmented lesions
Hair Removal Spider Veins

What cosmetic improvements would you like to see? _____

Name of your family doctor: _____ Telephone number: _____

Medical History: Please check all that apply

- Acne High Blood Pressure Port wine stain
Bleeding disorders Hirsutism Psoriasis
Burns/skin grafts Hormone Replacement Seizure disorder
Diabetes Implants Shingles
Eczema Kaposi's sarcoma Skin cancer
Epidermolysis Bullosa Keloid scars Tattoos
Heart disease Lupus erythematosus Thyroid disease
Herpes Permanent make-up Vitiligo
Polycystic ovary disease Other _____

Do you currently or have you ever used tobacco? Yes No
If yes, type of tobacco: cigarettes cigar pipe chew
Amount: _____
For how long: _____
If quit, when?: _____

NAME: _____ Date of Birth: ____/____/____

Please **list ALL medications** to include over the counter, vitamins, herbals, and supplements.

Please **list ALL allergies** to include latex and your reaction:

Please answer the following questions.

- | | | |
|--|-----|----|
| 1. Have you used Accutane® in the last 6 months? | Yes | No |
| a. If yes, when: _____ | | |
| 2. Do you have any active skin diseases in the area to be treated? | Yes | No |
| 3. Do you have any infections such as cold sores or fever blisters in the area to be treated? | Yes | No |
| 4. Do you have any skin allergies? | Yes | No |
| 5. Are you currently using glycolic acid? | Yes | No |
| 6. Are you currently using Retinoid products (Retin-A®, Renova®, Differin®, Tazorac®, Avage®)? | Yes | No |
| 7. Have you had a chemical peel for facial within the last week? | Yes | No |
| 8. Do you have regular collagen, Botox®, or other dermal filler injections? | Yes | No |
| 9. Have you had any permanent cosmetic tattooing in the area to be treated? | Yes | No |
| 10. Do you have any metal or other implants? | Yes | No |
| 11. Do you wear contact lenses? | Yes | No |
| 12. Have you recently had facial surgery? | Yes | No |
| 13. Have you had previous laser treatment, resurfacing or other skin treatments to the area to be treated? | Yes | No |
| 14. Are there any moles with hair in the area to be treated? | Yes | No |
| 15. Are you currently using or have used a tanning cream or a tanning bed within the past 6 weeks? | Yes | No |
| 16. Have you been exposed to the sun within the last 4-6 weeks? | Yes | No |
| 17. Do you currently use dipilatories or waxing? | Yes | No |
| 18. Are you currently using any skin care products? | Yes | No |
| a. If yes, please list: | | |

I confirm that the answers to the questionnaire are true and correct. I also confirm that my questions have been answered to my satisfaction.

Client Signature

Date

Consultant Signature

Date

Physician Signature

Date

Fitzpatrick Skin Typing Test

NAME: _____ DOB: ____/____/____

Thank you for choosing the Cosmetic Laser Center for your beauty care needs.

One of the important parameters for the success of your treatment is the correct typing of your skin.

Skin type is often categorized according to the Fitzpatrick skin type scale which ranges from very fair (skin type I) to very dark (skin type VI). The two main factors that influence skin type and the treatment program devised by your clinical are:

- Genetic disposition - Skin Types I to III should add one level when you have blood relatives with darker skin type IV or higher.
- Reaction to sun exposure and tanning habits

Skin type is determined genetically and is one of the many aspects of your overall appearance, which also includes color of eyes, hair, etc.. The way your skin reacts to sun exposure is another important factor in correctly assessing your skin type. Recent tanning (sun bathing, artificial tanning or tanning creams) have a major impact on the evaluation of your skin color

To help us determine your skin type and treat you the right way, please take the test below by circling the response that most closely fits your description.

Genetic Disposition

African American
 Caucasian
 Mediterranean
 Native American
 Asian
 Hispanic
 Middle Eastern
 Other _____

Genetic Disposition					
Score	0	1	2	3	4
What is the color of your eyes?	Light blue, Gray, Green	Blue, Gray or Green	Blue	Dark Brown	Brownish Black
What is the natural color of your hair?	Sandy Red	Blond	Chestnut/Dark Blond	Dark Brown	Black
What is the color of your skin (non exposed areas)?	Reddish	Very Pale	Pale with Beige tint	Light Brown	Dark Brown
Do you have freckles on unexposed areas?	Many	Several	Few	Incidental	none
Total score for Genetic Disposition: _____					

NAME: _____ DOB: ____/____/____

Reaction to Sun Exposure					
Score	0	1	2	3	4
What happens when you stay in the sun too long?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns sometimes followed by peeling	Rare burns	Never had burns
To What degree do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easy	Turn dark brown quickly
Do you turn brown within several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always
How does your face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem
Total score for Reaction to Sun Exposure: _____					

Tanning Habits					
Score	0	1	2	3	4
When did you last expose your body to sun (or artificial sunlamp/tanning cream)?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than a month ago	Less than 2 weeks ago
Did you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always
Total score for Tanning Habits: _____					

Add up the total scores for each of the three sections for your Skin Type Score.

Genetic Disposition Score: _____

Reaction to Sun Exposure Score: _____

Tanning Habits Score: _____

TOTAL SCORE: _____

Skin Type Score	Fitzpatrick Skin Type
0-7	I
8-16	II
17-25	III
25-30	IV
over 30	V-VI