



New Patient History

Last Name First Name MI Date of birth

Who is your referring physician?

How did you hear about us?

Briefly describe your symptoms

Do you have any of the following symptoms?: (check all that apply)

- ___ Vision changes ___ Dizziness ___ Slurred speech ___ Weakness arm/leg
___ Cramping or fatigue in your legs while walking ___ Foot pain while at rest
___ "Restless" leg type symptoms
___ Foot or ankle ___ swelling ___ itching ___ burning
___ Cramping or fatigue in your legs at the end of the day.
___ Past or present history of ulcers on your leg(s).
___ Skin or hair changes on your legs.
___ Varicose or spider veins
___ Family history of any of these symptoms.

If yes, which ones:

How long have you been experiencing these symptoms?

What if anything makes the symptoms worse:

What if anything relieves the symptoms:

Have you had any recent testing done for this problem, such as CT, MRI, ultrasound, X-Ray, or any other related test?

If so, then when and where did you have the test(s) done?

Have you ever been diagnosed with any of the following: (check all that apply)

- ___ Phlebitis (inflammation or infection of the vein(s))
___ Deep venous thrombosis (DVT) ___ Lung clots (Pulmonary Embolism)
___ Cancer Type: ___ Bleeding or clotting disorder

Please list any serious medical conditions that run in your family

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