



Confidential Health/Skin History Assessment

Name: Home Phone:
Address: Work Phone:
City: Cell Phone:

Referred by: (Advertisement, Internet, Word of mouth/name, Previous laser client/name)

Primary Care Physician: Office Number:

Desired Treatment Areas:

Chest Arms Upper Leg Lower Leg Full Leg Face Underarms
Shoulder/Back Hands Fingers Feet Toes Neck Chin
Ears Upper Lip Abdomen Bikini Line Other

Previous Hair Removal Treatments:

Laser Electrolysis Tweezing Shaving Waxing Depilatory None

Skin Condition:

Hard lumps under the skin Facial scars Sun damage
Visible blood vessels Dry patches Wrinkles
Uneven skin tone Acne Excessive hair

Medical Conditions:

(Please circle all that apply)

Latex Allergy Tattoos Diabetes Hepatitis Microdermabrasion
Nickel Allergy Acne Eczema Keloid Scars Permanent Makeup
Chemical Peel Retin A Renova Alpha hydroxy Moles
Glycolic Acid Accutane Cold Sores Genital Herpes HIV/AIDS
Cancer Radiation Therapy Pace Maker Heart Condition Endocrine Problem
Blood Disorder Dermatitis High Blood Pressure Implants
Tetracycline Bactrim Hydrochlorothiazide Other:

All Medications: (Prescription, Topical, OTC & Herbal)

Allergies: (Prescription & Topical)

Female Client History

(Please circle all that currently apply)

Regular periods Pregnant In Menopause Post Menopause Other

Ethnic Background

Caucasian Hispanic African/American Asian Middle Eastern American Indian Italian
Spanish Alaskan Native Other

Statement of Practice: A Laser Technician may provide prognosis in regard to hair removal, but does not provide medical diagnosis, only a Physician may provide a medical diagnosis. The information I have provided is true and complete to the best of my knowledge and I agree to inform United Hospital System of any medical changes. I understand that hair removal requires a series of treatments over a period of time. I will adhere to post treatment guidelines provided to me to promote the healing process. I understand there is a 24 Hour cancellation policy to reschedule or cancel an appointment.

Client Signature: Date: