Spa LIVIA

First Visit Laser Consultation

Name: _____ Date: _____

Address: _____ Cell Tel: _____

City: _____ Postal Code _____ Home Tel: _____

Male / Female (circle please) Age: _____ Referred by: _____

Birth Date: Month/Day/Year _____/_____/_____ Occupation: _____

Family Doctor: _____ Email address: _____

Please circle any of the following that apply to you:

Hormone problems	Used drugs to stop hair growth	Allergies
Irregular periods	Abnormal (Keloid) scarring	Accutane (past or present)
Pregnant	Skin cancer	On antibiotics/acne medication
Breast Feeding	Abnormal moles	Diabetes
Contraceptives	Laser skin resurfacing	Auto immune disorder
Menopausal	Psoriasis / other skin disorders	Seizures
Recent surgery	Recurrent skin infection	Injectable gold therapy (ever)
Genital herpes	Recent sun-tan or tanning bed use	Retinoic Acid (AHA)
Oral herpes (cold sores)	Self-tanning creams	Mod-deep Chemical peels
Fertility drugs	Bleaching creams	HIV positive

Area(s) to be treated: _____

What method of hair removal was last used on the area(s)? When? _____

Are you taking any medications? Please list: (use the back of paper if needed)_____

_____

Are you allergic to any medications or skin care products? _____

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Do you have any health problems? (heart, pacemaker, cancer) _____

Any recent surgeries? _____

Have you been exposed to the sun or tanning beds in the past three weeks? _____

Are you taking any coagulants/ blood thinners? (ie Aspirin) _____

Do you have a seizure disorder?_____

Do you have a personal or family history of skin cancer? _____

Are you pregnant?

Have you ever been on fertility drugs or diagnosed with a hormone problem?

In the sun, without sunblock on do you (a) Always burn (b) Usually burn, sometimes tan (c) Sometimes burn, mostly tan (d) rarely burn, tan or (e) Never burn

Due to the laser's attraction to melanin, it is important to know your ethnic background/ nationality: Nationality / Ethnicity; _____

Client's Signature: _____ Technician's Signature: _____

(RESERVED FOR THE TECHNICIAN)

Skin Type: I II III IV V VI

Photograph area: _____ Date: _____ Number of photos taken_____