



Patient Medical History

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Circle one: Male or Female

Home Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Reason for today's visit: _____

Do you have any known allergies? _____

Please list any medications, including prescription and/or over-the-counter medicines you are presently taking (oral and topical): _____

Please list any past/present medical conditions or surgeries: _____

List previous types of hair removal used for the area(s) you want treated (e.g. waxing, electrolysis, shaving, depilatories, laser, etc.): _____

When: _____

List previous types of laser procedures (e.g. photofacial, vein, hair removal, acne, rosacea, hyperpigmentation, etc.): _____

_____ When: _____

List previous types of cosmetic procedures (chemical peel, microdermabrasion, botox, collagen injections, sclerotherapy, micropigmentation-permanent-make-up, etc.):

When: _____

Circle Yes or No:

- Yes No 1.) Do you have cold sores? If yes, when was the last? _____
Yes No 2.) Do you have HIV?
Yes No 3.) Do you have keloid formation or scars that haven't healed smoothly?
Yes No 4.) Do you have any skin disorders e.g. psoriasis, vitiligo, skin cancer, etc.?
Yes No 5.) Are you diabetic?
Yes No 6.) Do you have hepatitis?
Yes No 7.) Are you or could you be pregnant?
Yes No 8.) Do you have any endocrine disorders?
Yes No 9.) Do you have polycystic ovarian disease?
Yes No 10.) Do you have heart disease?
Yes No 11.) Do you have lung disease?
Yes No 12.) Do you have high blood pressure?
Yes No 13.) Do you take any medication that causes photosensitivity?
Yes No 14.) Do you have any clotting problems?
Yes No 15.) Have you ever had a DVT (deep venous thrombosis)?
Yes No 16.) Do you have a tattoo(s) in the area(s) that you want treated?
Yes No 17.) Have you sunbathed or been in a tanning bed within the last 30 days?

Which of the following best describes your skin type? Circle one:

1. Always burn, never tan
2. Always burn, sometimes tan
3. Sometimes burn, tan somewhat
4. Rarely burn, tan with ease
5. Moderately pigmented, never burn

Describe your skin. Check those that apply:

Oily____Dry____Combination____Normal____Sensitive____Sun-Damaged____
Freckled____Mature____Wrinkled____Broken Surface Capillaries____
Hypo/HyperPigmented____Melasma____Rosacea____Eczema____
Psoriasis____Acne____Scarred____Large Pores____Small pores____

Do you have any particular skin problem or concerns? _____

How did you hear about *New Visage*? _____

What is your e-mail address? _____ () Check to receive specials by email

To the best of my knowledge, the information I provided is true. I understand that this information is confidential and will not be disclosed without my written consent.

Patient or Legal Guardian Signature: _____ Date: _____