Sample patient intake form

PERSONAL INFORMATION

Name: _____ **Surname:** _____

Street Address: _____ **City:** _____

Postcode: _____ **Home phone:** _____

Work/Mobile Phone: _____ **Date of birth:** _____ dd / mm / yyyy

Gender

◯ Male ◯ Female

Referred by: _____

SKIN TYPE ASSESSMENT

Fitzpatrick Skin Type

◯ I
◯ II
◯ III
◯ IV
◯ V
◯ VI

Ethnicity: _____

Last exposed to UV - (Sun or tanning bed):

Passive tan

◯ No ◯ Yes

Self-tanning lotion

◯ No ◯ Yes

HAIR ASSESSMENT

Areas to be treated: _____

Hair density

◯ Sparse ◯ Medium ◯ Dense

Hair thickness

◯ Fine ◯ Medium ◯ Coarse

Hair color: _____ **Hair density ___/ cm2:** _____

MEDICAL HISTORY

Medical History

- [ ] Pacemaker / defibrillator
- [ ] Current or history of skin cancer / other cancer / pre-malignant moles
- [ ] Pregnancy and nursing
- [ ] Diseases stimulated by light (e.g. Lupus, Porphyria, Epilepsy)
- [ ] Endocrine disorders (e.g. diabetes. PCO)
- [ ] Active skin infection (e.g. psoriasis, eczema)
- [ ] History of bleeding disorders
- [ ] Facial laser resurfacing / deep chemical peeling, last 3 months
- [ ] Tattoo or permanent makeup
- [ ] Sapheneous Insufficiency
- [ ] Metal implants
- [ ] Severe concurrent medical conditions (e.g. cardiac disorder)
- [ ] Impaired immune system
- [ ] Diseases stimulated by heat (e.g. Herpes Simplex)
- [ ] Surgical Procedures
- [ ] Skin disorders (e.g. keloids, abnormal wound healing)
- [ ] Use of medication / herbs inducing photosensitivity
- [ ] Needle epilation, waxing or tweezing, last 6 weeks
- [ ] Tanned skin
- [ ] Injections/fillers

List any medications taken

List any allergies

Detail any medical condition

Other considerations