

Medical History

Name: _____

Address: _____

Phone: _____ Work: _____ Cell: _____

Age: _____ Referred by: _____

Have you ever had the following?

- Current or history of cancer, especially malignant melanoma or recurrent non-melanoma skin cancer, or pre-cancerous lesions such as multiple dysplastic nevi.
- Any active infection.
- Diseases which may be stimulated by light at 515 nm to 1200 nm, such as history of recurrent Herpes Simplex, Systemic Lupus Erythematosus, or Porphyria.
- Use of photosensitive medication and/or herbs that may cause sensitivity to 515 - 1200 nm light exposure, such as Isotretinoin, tetracycline, or St. John's Wort.
- Immunosuppressive diseases, including AIDS and HIV infection, or use of immunosuppressive medications.
- Patient history of Hormonal or endocrine disorders, such as polycystic ovary syndrome or diabetes, unless under control.
- History of bleeding coagulopathies, or use of anticoagulants History of keloid scarring.
- Very dry skin.
- Exposure to sun or artificial tanning during the 3–4 weeks prior to treatment? Yes/No
- Are you pregnant? Yes/ No
- What medications are you taking (including aspirin)?

- Daily consumption of alcohol

- Allergies: _____

Skin type (when exposed to the sun without protection for about 1 hour)

- always burns, sometimes tans
- always burns, never tans
- always tans
- sometimes burns, sometimes tans

When were you last exposed to the sun (including tanning booth)? _____

Do you use chemical sun tanning lotions? _____

Reason for visit (area to be treated) _____

