Welcome to Golden Laser Aesthetics, we look forward to getting to know you!

Name_____

Date:_____

Date of Birth:_____ Age:_____

Address:_____

City:_____ State:_____ ZIP:_____

Phone:( ) _____ **E-mail _____**

Occupation:_____

How did you hear about us? _____

Please tell us your main concerns that brought you to our office today:

_____

This information is necessary for your procedure. Please answer yes or no to the following questions:

YES	NO	
❑	❑	Are you using any prescribed medications? List_____
❑	❑	Are you currently under the care of a physician? If yes, please explain: _____
❑	❑	Do you take oral anti-coagulant (blood thinning) medication? List _____
❑	❑	Have you/are you currently using Accutane or Isotretinoin? If yes, when?_____
❑	❑	Are you allergic to any ingredients, medications or foods? List _____
❑	❑	Are you pregnant, trying to become pregnant or nursing?
❑	❑	Do you use oral contraceptives?
❑	❑	Do you use hormone replacement therapy?
❑	❑	Do you smoke? How much? _____ How long?_____
❑	❑	Do you spend a lot of time outdoors or use a tanning bed often?

Please check any conditions, past or present:

❑ Arthritis ❑ Hepatitis ❑ Diabetes ❑ Cold Sores/Herpes ❑ HIV
❑ Melasma/Pigmentation ❑ Heart problems ❑ PCOS ❑ Autoimmune (lupus, scleroderma)
❑Cancer ❑Other:_____

In addition to the above, please tell us which skin conditions concern you the most (Check all that apply):

❑ Uneven skin tone
❑ Enlarged pores
❑ Acne/pimples
❑ Upper lip lines
❑ Sun Spots
❑ Sun Damage
❑ Spider Veins
❑ Redness
❑ Clogged pores
❑ Excessive oiliness
❑ Wrinkles
❑ Dry patches
❑ Brown spots
❑Rosacea
❑ Broken capillaries
❑ Blackheads/Whiteheads
❑ Saggy Skin
❑ Scarring
❑ Unwanted Hair
❑ White spots
❑Sensitive Skin

What is your skin type: ❑ Dry ❑ Combination ❑ Oily ❑ Normal

Please check the products you currently use:

❑ Cleanser _____
❑ Moisturizer _____
❑ Eye cream _____
❑ Scrub _____
❑ Vitamin A/Retin A
❑ Soap _____
❑ Night Cream _____
❑ Astringent _____
❑ Sunscreen_____
❑ Vitamin C
❑ Toner _____
❑ Mask _____
❑ Glycolic Cleanser
❑ Salicylic Cleanser
❑ Growth Factor

Are you using any prescription topical creams, lotions or oral antibiotics? Yes No

Have you ever had any of the following injections, fillers or treatments:

❑ Collagen
❑ Facial
❑ Chemical Peel
❑ Lasers
❑ Botox/Dysport/Xeomin
❑Threading
❑ Microdermabrasion/Dermaplaning
❑Other: _____
❑ Juvederm/Filler
❑ Cosmetic Surgery
❑ MicroNeedling

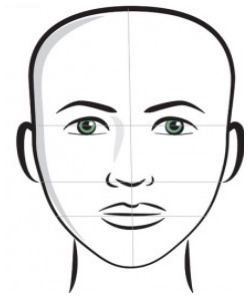
Are you currently removing hair by any of the following methods?

❑ Waxing ❑ Tweezing ❑ “Nair” type products ❑ Electrolysis ❑ Laser Hair Removal

***I certify that the above information is correct to the best of my knowledge.**

Patient’s Signature_____

Office Use:



Notes:

Skin Typing Worksheet

PATIENT NAME: _____ **DATE:** _____

Please answer the following questions by circling the number which best describes you. Your clinician will total the score during the consultation.

My ethnic origin is closest to: (Circle one)	I. Very fair (Celtic and Scandinavian).....	
	II. Fair-skinned Caucasians with light hair and light eyes.....	
	III. Pale-skinned Caucasians with dark hair and dark eyes.....	
	IV. Olive-skinned (Mediterranean, some Asian, some Hispanic.....	
	V. Dark-skinned (Middle Eastern, Hispanic, Asians, some Africans)	
	VI. Very dark-skinned (African).....	
My eye color is:	Light Blue	0
	Blue/Green	1
	Green/Gray/Golden	2
	Hazel/Light Brown	3
	Brown	4
My natural hair color at Age 18 was:	Red	0
	Blonde	1
	Light Brown	2
	Dark Brown	3
	Black	4
The color of my skin that is not normally exposed to the sun is:	Pink to Reddish	0
	Very Pale	1
	Pale with a Beige tint	2
	Light Brown	3
	Medium to Dark Brown	4
	Dark Brown/Black	6
If I go out into the sun for an hour or so without sunscreen and have not been out in the sun for weeks, my skin will:	Burn, blister and peel	0
	Burn, when the burn resolves there is little or no change	1
	Burn, but turns to tan in a few days	2
	Get pink, but turns to tan quickly	3
	Just tan	4
	Just gets darker	5
	My skin color is so dark I can't tell	6
When was the last time the area to be treated was exposed to natural sunlight, tanning booths or artificial tanning cream?	Longer than one month ago	0
	Within the past month	1
	Within the past two weeks	3
	Within the past weeks	4
	TOTAL SCORE	

If your score is:	Your skin type is:	Notes:
0-3	Skin Type I	
4-7	Skin Type II	
8-11	Skin Type III	
12-15	Skin Type IV	
16-19	Skin Type V	
20-24	Skin Type VI	