

The Spa at Spring Ridge Laser Intake Form

Name: _____ Birthdate: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ How did you hear about us? _____

- Have you ever had any of the following?
 - Current or history of cancer, especially malignant melanoma or recurrent non-melanoma skin cancer, pre-cancerous lesions such as multiple dysplastic nevi
 - Any active infections
 - Diseases which may be stimulated by light at 515nm-1200nm, such as history of recurrent Herpes Simplex, Systemic Lupus Erythematosus, or Porphyria
 - Use of photosensitive medication and/or herbs that may cause sensitivity to 515-1200nm light exposure, such as Isotretinoin, tetracycline, or St. John's Wart
 - 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
 - Metal implants, dental crowns, fillings, pacemaker or body piercings
- Are you pregnant: yes / no
- What medications are you taking? (including aspirin):

- How often do you consume alcohol? _____
- Please list all allergies: _____
- Are you taking any herbal preparations: yes / no
If yes, please list: _____
- Do you wear contact lenses? yes / no
- Skin type (when exposed to the sun **without protection** for about 1 hour):
 - Always burns, never tans
 - Always burns, sometimes tans
 - Sometimes burns, sometimes tans
 - Always tans
 - Hispanic, Asian, Mediterranean, Middle Eastern
 - Black
- When you were last exposed to the sun (including tanning booth)? _____
- Do you use chemical sun tanning lotions? yes / no
- Do you plan to spend time in the sun in the near future? yes / no
- Reason for today's visit: _____
- Prior laser treatments (if any): _____

Client Signature: _____ Date: _____

