

LASER HAIR REMOVAL

PLEASE PRINT

NAME _____ DRIVERS LC# _____
STREET _____ APT# _____
CITY _____ STATE _____ ZIP _____
IF UA STUDENT HOME ADDRESS: _____
LOCAL PHONE _____
DOB _____ HOMEPHONE _____ (O) _____
DRUG ALLERGIES: _____
ONGOING MEDICAL PROBLEMS: _____
PRESENT MEDICATION: _____

I HAVE BEEN SUNBATHING OR USING A TANNING BED _____ TIMES IN THE PAST 2 WEEKS:

CIRCLE IF APPROPRIATE:

I AM CURRENTLY TAKING: ACCUTANE TETRACYCLINE ACNE MEDICINES OXSORALEN
GOLD SHOTS AURANOFIN ST. JOHN'S WORT DILANTIN MUSCLE BUILDING PILLS
THYROID HORMONE BLOOD PRESSURE MEDICINE IMMUNE SUPPRESSIVE DRUGS
VIRAL ANTIBIOTICS STEROIDS CYCLOSPORINE

I HAVE A HISTORY OF: LUPUS SCARRING KELOIDS SUN POISING PERMANENT LIP LINER
SENSITIVITY TO THE SUN SUNBURN EASILY DIABETES THYROID DISEASE TATTOOS
RECURRENT FEVER BLISTERS RECURRENT SHINGLES ABNORMAL MOLES KIDNEY DISEASE
SEVERE ANMIA

I HAVE FAMILY MEMBERS WITH: LUPUS KELOIDS SEVERE SUN SENSITIVITY MELANOMA
EXCESSIVE HAIR RESISTANT DIABETES HOROMONE ABNORMALITY SEVERE ANEMIA

DO YOU HAVE: SEVERE FATIGUE EXCESSIVE THIRST THICKENING OF SKIN DEEPENING VOICE
SUDDEN WORSING OF ACNE CHANGING PATTERN OF HAIR GROWTH

FOR WOMEN:

ARE YOU: PREGNANT PLANNING TO BECOME PREGNANT BREAST FEEDING

YOU HAVE: NIPPLE DISCHARGE IRREGULAR MENSES AN INJECTED CONTRACEPTIVE
(ANT, DEPRO-PROVERA)