

The Aesthetics Center at Women's Care  
Patient Intake Form

Name		Date	
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?		Self-tanning lotion?	
Hair Assessment			
Areas to be treated			
Hair density		Sparse/Medium/Dense	Hair thickness
Hair color		Fine/Medium/Coarse	
		Hair density _____/cm <sup>2</sup>	
<b>Medical History</b>			
Pacemaker/defibrillator		Active skin infection (e.g. psoriasis, eczema)	
Metal implants		Skin disorders (e.g. keloids, abnormal wound healing)	
Current or history of skin cancer/other cancer/ pre-malignant moles		History of bleeding disorders	
Severe concurrent medical conditions (e.g. cardiac disorders)		Use of medication / herbs inducing photosensitivity	
Pregnancy and nursing		Facial laser resurfacing / deep chemical peeling, last 3 cm	
Impaired immune system		Needle epilation, waxing or tweezing, last 6 wks	
Diseases stimulated by light (e.g. lupus, porphyria, epilepsy)		Tattoo or permanent makeup	
Diseases stimulated by heat (e.g. herpes simplex)		Tanned skin	
Endocrine disorders (e.g. diabetes, PCO)		Sapheneous insufficiency	
Medications taken			
Allergies			
Detail other medical conditions			
Other considerations			