

# Arizona Laser Skin Solutions

## Patient Profile

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (W or Cell) \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_ Occupation) \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Referred By \_\_\_\_\_

Are you taking any medications or vitamins? (Birth Control?)	No	Yes	Names _____
Do you have any Medical Illness? Are you pregnant?	No	Yes	_____
Do you have any drug allergies, allergies or sensitivities?	No	Yes	_____
Are you currently using Retin-A/Renova/Differin?	No	Yes	_____
Are you currently using/have used Accutane?	No	Yes	_____
Have you recently had facial surgery?	No	Yes	_____
Have you recently had laser resurfacing?	No	Yes	_____
Are you currently having MicroDermabrasion?	No	Yes	_____
Have you ever had a Chemical Peel?	No	Yes	_____
Do you have Collagen / Botox Injections?	No	Yes	_____
Do you wear contact lenses?	No	Yes	_____
Do you use tanning booths or self tan lotions?	No	Yes	_____
Do you smoke? How often?	No	Yes	_____
Do you consume alcohol? How many drinks per week?	No	Yes	_____
Do you develop cold sores or fever blisters?	No	Yes	_____

What is your hereditary makeup? (i.e. Irish / German / Indian etc.) \_\_\_\_\_  
What is your daily skin care regimen? \_\_\_\_\_  
Have you ever used any products that have caused a bad reaction? \_\_\_\_\_  
What are the cosmetic improvements you would like to see in your skin? \_\_\_\_\_

Please indicate all treatments you are interested in:

Laser Hair Removal \_\_\_ Tattoo Removal \_\_\_ MicroDermabrasion \_\_\_ Botox \_\_\_ Juvederm \_\_\_  
Radiesse \_\_\_ Acne Management \_\_\_ Chemical Peel \_\_\_ Skin Rejuvenation \_\_\_ Weight Loss \_\_\_  
Anti-Aging \_\_\_ Leg Vein Treatment \_\_\_ Face/Spider Vein Treatment \_\_\_ PDT/Levulan \_\_\_ Other \_\_\_

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Technician or Provider Signature

\_\_\_\_\_  
Date

Forms Revised January 2010

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