

O'Leigh Med Spa & Laser Center: New Patient Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Referred by \_\_\_\_\_

Area(s) to be treated \_\_\_\_\_

Heath History for Laser Treatments

What medications are you taking (including aspirin)? \_\_\_\_\_

Are you taking any herbal preparations (St. John's Wort, etc)? \_\_\_\_\_

Allergies: \_\_\_\_\_

Please check off if you currently have, or have ever had, these medical conditions:

- |  |  |
|--|--|
| <input type="checkbox"/> Bleeding disorder, or easy bruising | <input type="checkbox"/> Endocrine or hormone issues |
| <input type="checkbox"/> Pigmentation disorder               | <input type="checkbox"/> Pacemaker / defibrillator   |
| <input type="checkbox"/> History of cold sores               | <input type="checkbox"/> Accutane within 6 months    |
| <input type="checkbox"/> History of keloid scarring          | <input type="checkbox"/> History of skin cancer      |
| <input type="checkbox"/> Dermatological conditions           | <input type="checkbox"/> Photoallergic               |

Do you have any active infections? Yes No Are you pregnant? Yes No

When exposed to the sun without protection for about 1 hour, how does your skin react?

- always burns, never tans
- always burns, sometimes tans
- sometimes burns, sometimes tans
- always tans
- Hispanic, Asian, Mediterranean, Middle Eastern
- Black

When were you last exposed to the sun (including tanning booth)? \_\_\_\_\_

Do you use chemical sun tanning lotions? Yes No Do you smoke? Yes No

What is your daily consumption of alcohol? \_\_\_\_\_

Prior treatment (if any) \_\_\_\_\_