

**Client Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Genetic Disposition

Score:	0	1	2	3	4
What is your eye color?	Light Blue, Green	Gray	Blue	Dark Brown	Brown / Black
What is your natural hair color?	Sandy Red	Blonde	Chestnut/ Dark Blonde	Dark Brown	Black
What is your skin color	Reddish	Very Pale	Pale	Light Brown	Dark Brown
Do you have freckles?	Many	Several	Few	Incidental	None

## Reaction to Sun Exposure

Score:	0	1	2	3	4
What happens when you are over exposed to the sun?	Redness/ Blistering/ Peels	Blistering/ Peels	Burns Sometimes/ Peels	Rarely Burns	Never Burns
To what degree does your skin turn brown?	Hardly / Not at all	Light Color Tan	Medium Tan	Tan Easily	Turns Brown Quickly
Do you turn brown within several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always
How does your face react to the sun?	Very Sensitive	Sensitive	Normal	Very Resistant	No Problem

Have you ever had a seizure or have epilepsy? **Y / N** \_\_\_\_\_

## Tanning Habits

Score:	0	1	2	3	4
When was your last exposure to the sun and/or tanning beds for more than 30 minutes at a time?	Over 3 months	2-3 months	1-2 months	Less than 1 month	Less than 2 weeks
Was the treatment area exposed?	Never	Hardly Ever	Sometimes	Often	Always

## Heritage

White    African American    East Indian Decent    Latino    Asian    Other:

When was your last menstrual cycle? \_\_\_\_\_

Are you taking or have you taken Retin A, Accutane, Antibiotics, or breastfed in the last 48 hours? **Y / N** \_\_\_\_\_

Have you tanned in the last 24 hours? **Y / N**

## Summary

Genetic Disposition	
Reaction to Sun Exposure	
Tanning Habits	
Heritage	
<b>Skin Type Score</b>	

## Skin Type

0-8	I
9-16	II
17-24	III
28-30	IV
31-34	V
35+	VI

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

What is the reason for your visit today? : \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Email: \_\_\_\_\_ DL #: \_\_\_\_\_

Address: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

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**Credit Card Info for Personal File**

Type: VISA MASTERCARD DISCOVER AMERICAN EXPRESS OTHER:

CC Number: \_\_\_\_\_ Exp.: \_\_\_\_\_ CV#: \_\_\_\_\_

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**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

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For the purpose of this documentation, I also consent to the taking of before and after photographs/videos of said procedure, which become the sole property of Flawless by Elite used only for charting client progress.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

Are you pregnant? **Y / N** Are you nursing? **Y / N** Are you planning on becoming pregnant? **Y / N**

Are you currently taking ACCUTANE or have you taken this in the last 6 months? **Y / N**

**Past Personal Medical History: (please circle all that apply)**

Anemia	Chronic Cough	Heart Murmur	Obesity
Arthritis	Cold Sores	Irregular Heartbeat	Phlebitis
Artificial Joint	Colitis	Pacemaker	Seizure Disorder
Autoimmune Disease	Connective Tissue Disorder	Defibrillator	Stroke
Bleeding Disorder	Diabetes	Herpes Simplex	Thyroid Disorder
Blood Clots	Dialysis	Hepatitis B or C	Tuberculosis
Breast Cancer	Depression	High Blood Pressure	Ulcers
Bronchitis	Fibromyalgia	HIV/AIDS	Valley Fever
Burns	Heart Disease	Migraines	Metal Implants
Cancer	Heart Valve	Multiple Sclerosis	Raynaud's Disease

**Past Personal Skin History: (please circle all that apply)**

Undiagnosed Skin Lesions	Connective Tissue Disorder	Melanoma	Shingles	Keloid Scars
Actinic Keratosis	Serious Skin Infection	Psoriasis	Eczema	
Basal Cell Skin Cancer	Squamous Cell Skin Cancer	Lupus	Pigment Disorder	

Have you ever seen a dermatologist or plastic surgeon for your skin? **Y / N**

If yes, please explain: \_\_\_\_\_

**Family History: (please circle all that apply)**

Adopted	Diabetes	Heart Disease	Autoimmune Disorders	Skin Disease
Cancer	Melanoma	Stroke	High Blood Pressure	

**Review of Systems (please circle all the apply):** Do you currently have any of the following?

Poor General Health	Headache	Suspicious Moles	Itching	Bleeding Tendencies
Swollen Lymph Nodes	Chest Pain	Swollen Legs/Feet	Swelling	Hot/Cold Intolerance
Circulation Problems	Numbness	Easy Bruising	Flushing	
Rashes	Fainting			

**Prescriptions / OTC Medications**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Topical Medications**

Retin A     Refissa     Tazorac  
 Renova     Differen  
 Other: \_\_\_\_\_

**Medication Allergies and Reaction**

\_\_\_\_\_  
 \_\_\_\_\_

Latex Allergy? **Y / N** Iodine Allergy? **Y / N**

**Previous Surgeries?**

\_\_\_\_\_  
 \_\_\_\_\_

Reviewed by: \_\_\_\_\_