



AWAY WITH HAIR

Deb Drake • 135B West Swallow Rd. • Fort Collins, CO 80525 • (970) 237-1711

PATIENT INFORMATION					
Date:					
Last:		First:		M.I.	
Street Address:					
City:		State:		ZIP Code:	
Birthday:	Age:	Occupation:			
Home Phone: ()		Cell: ()		Work: ()	
Email:			May we call to confirm appointment:		No
Referred By:					

PATIENT INFORMATION					
Accutane	Yes	No	Hearing Aid	Yes	No
Acne	Yes	No	Heart Condition	Yes	No
Canker Sore	Yes	No	Hemophilia	Yes	No
Carcinoma	Yes	No	High Blood Pressure	Yes	No
Cold Sores	Yes	No	Keloid Scars	Yes	No
Contact Lenses	Yes	No	Metal Pins in Body	Yes	No
Dermatitis/Eczema	Yes	No	Moles	Yes	No
Diabetes	Yes	No	Pacemaker	Yes	No
Genital Herpes	Yes	No	Tuberculosis	Yes	No
Active Infections	Yes	No	PCOS	Yes	No

FEMALE CLIENT MEDICAL INFORMATION (PLEASE CHECK)					
In Menopause	Yes	No	Birth Control	Yes	No
Post Menopause	Yes	No	Hormonal Pills	Yes	No
Regular Periods	Yes	No	Endocrine Problem	Yes	No
Hormonal Imbalance	Yes	No	Pregnant	Yes	No
Other	Yes	No	Breastfeeding	Yes	No

SIGNATURE _____

DESIRED TREATMENT AREAS		
Abdomen	Ears	Legs
Arms: Fore/Under	Eyebrows	Lips: Under/Lower
Back	Nose	Private Areas
Bikini Line	Thighs	Neck: Front/Back
Breast/Chest	Hairline	Face: Side/Full
Chin	Feet/Toes	Hands/Fingers
Other:		

PRELIMINARY PROTOCOL FOR LASER CLIENTS			
When exposed to the sun, do you?	Always Burn/No Tan		Burn Easily
	Sometimes Burn/Slow Tan		
	Rarely Burn/Always Tan		
How well do you heal?	Well	Fair	Poorly/Slowly
Are you currently taking any type of medication?	Antibiotic		St. John's Wort
	Retin A		Aspirin
	Photosensitive Med/Tetracycline, Dox		
	Pres. Med	Other:	

CURRENT EVALUATION OF SKIN/HAIR		
Previous Treatments(s)	Electrology	Electric Tweezers
	Waxing	Depilatories
	Laser	Other:
Tanning History	Currently using self-tanning lotions or treatments/recently tanning or sun within last 3-4 weeks exposure.	
Existing Skin Conditions	Scarring	Acne
	Rash	Telangiectasia
	Keloid	Other
	History of Skin Cancer	
	Hypo/Hyper Pigmentation	