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LASER HAIR REMOVAL ASSESSMENT FORM

Patient: _____ Date of Birth: _____ Acct #: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

What area(s) do you wish to have treated? _____

Are you currently under the care of another physician: No Yes, please explain: _____

Please list any medication taken recently, especially Accutane (isoretinoin), photosensitizing drugs, St. John's Wort, or gold salt injections:

Please list any allergies, especially to anesthetics: _____

Do you use glycolic products, exfoliating products, or Retin-A: No Yes, please explain _____

Are you pregnant: No Yes

Have you had herpes or cold sores in the treatment area: No Yes

Do you have any unusual scars: No Yes, please explain _____

Do you currently have or have you had:

Increase in amount of hair No Yes

Relative with unwanted hair No Yes

Dental filings, metal pins No Yes

Menopausal symptoms No Yes

Tattoos, permanent makeup No Yes

Do you have a tan No Yes

Photosensitive disorder (lupus, sun rash, vitiligo, porphyria, scleroderma) No Yes

Recent exposure to sun or tanning booth No Yes, when _____

Previous laser, plucking, waxing, or electrolysis treatments No Yes, when _____

Irregular periods No Yes

Hysterectomy No Yes

Hepatitis No Yes

Hives No Yes

Pacemaker No Yes

Diabetes No Yes

Keloid scarring No Yes

HIV/AIDS No Yes

Herpes No Yes

Cold sores No Yes

High stress No Yes

Hypertension No Yes

Heart problems No Yes

Laser resurfacing No Yes

Select the **one** description that would describe you if you were exposed to strong sun with **no sun block**:

I. Always burn, never tan

II. Always burn, sometimes tan

III. Sometimes burn, always tan

IV. Rarely burn, always tan

V. I have moderately pigmented skin

VI. I have darkly pigmented skin

What is your ethnic ancestry: _____

I attest the above information to be true, knowing my technician relies on this for safe and effective treatment.

Patient's Signature (or parent/guardian if a minor)

Date

Treating Clinician

Physician