

MEDICAL HISTORY FORM

Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip Code _____
Date of Birth: _____ Sex: _____
Telephone Home: _____ Work: _____
Cell: _____
Family Doctor: _____ Phone: _____
Emergency Contact: _____ Phone: _____
Email: _____
How did you hear about us? _____
Which Social Media Platforms do you use? _____

SKIN AND HEALTH EVALUATION

1. Do you have ANY current or chronic medical illnesses we should know about? _____
2. Are you currently under a doctor's care? If so, for what reason? _____
3. Do you take/use ANY medications, herbal or natural supplements or topical on a regular basis? _____
4. Are you allergic/sensitive to **milk** ___ **apples** ___ **citrus** ___ **grapes** ___ **aloe vera** ___
Aspirin ___ **perfumes** ___ **latex** ___ **hydroquinone** ___ **mushrooms** ___?
5. Do you have any other allergies? Yes _____ No _____
6. Are you pregnant or lactating? _____
7. Are your menstrual periods regular? _____
8. Do you have permanent makeup? _____
9. Do you currently have a sunburn, windburn and/or an irritated face? _____
10. Do you have Rosacea? _____
11. Do you have any active forms of dermatitis, eczema or psoriasis on the area(s) that is/are to be treated? _____
12. Do you have a tendency to scar or form keloid scars? _____
13. Are you in the habit of sun bathing or going to tanning booths? _____ If yes, when last? _____
14. Have you recently been waxed or used a depilatory such as Nair? _____
15. Are you currently using any medication to treat any conditions of the skin? If yes, what for and how often? _____
16. Are you using Accutane or have you been on it within the past 6 months? _____
17. Have you had a chemical peel or any type of procedure with a medical device (i.e. microdermabrasion) within the past 30 days? _____
18. Do you have regular dermal filler and/or Botox injections? _____
19. Have you recently had facial surgery? _____
20. Do you smoke? _____ Do you consume alcohol? _____ If yes, how much per week? _____
21. Do you develop cold sores/fever blisters? _____
22. Have you ever used products that cause a bad reaction? _____ If so, what did you use? _____
23. Do you wear contact lenses? _____
24. Describe your skin (i.e. dry, oily, combination) _____
25. Eye Color: _____ Hair Color: _____ SkinTone: _____
26. What is your hereditary background (i.e., German, French, etc.) _____
27. What are the improvements you are looking to achieve with your treatments here? _____
28. What skin care products are you currently using in your daily regimen? _____

I confirm that the answers I have given are correct and that I have not withheld any information that may be relevant to my treatment.

Signature

Date

Client Treatment Consent and Release

The client indicated below also agrees to forever hold harmless and release from any and all liability, claims, or demands of any kind or nature related to the transmission of any disease, condition or illness including but not limited to COVID-19 they may allege to have contracted or been exposed to as the result of any treatment, person, or visit to Skinology Medical Spa.

X _____

Client Signature

Date

X _____

Witness Signature

Date

SKINOLOGY APPOINTMENT, LATE ARRIVAL & CANCELLATION POLICIES

ALL OF THE STAFF AT SKINOLOGY VALUE AND RESPECT YOUR TIME AND EXPECT THE SAME IN RETURN. WE WANT YOUR EXPERIENCE AT SKINOLOGY TO MEET AND EXCEED YOUR NEEDS. AS SUCH, WE HAVE POLICIES IN PLACE TO PROTECT YOUR TIME AND OURS.

IF YOU ARE A NEW CLIENT OR AN EXISTING CLIENT RECEIVING A NEW SERVICE, PLEASE ARRIVE AT LEAST 10 MINUTES EARLY TO FILL OUT ANY NECESSARY PAPERWORK. WE WANT YOU TO BE ABLE TO RELAX AND HAVE PLENTY OF TIME TO CONSULT WITH THE AESTHETICIAN OR THE PHYSICIAN AND NOT FEEL RUSHED.

WE WANT YOU TO HAVE THE ALLOTTED TIME AVAILABLE SO THAT YOU RECEIVE THE UTMOST CARE. SHOULD YOU ARRIVE LATE, WE MAY HAVE TO RESCHEDULE YOUR APPOINTMENT.

IF YOU ARE A NEW CLIENT YOUR APPOINTMENT WILL BE SECURED WITH A CREDIT CARD TO ENSURE THAT YOUR APPOINTMENT IS ESTABLISHED AND THAT YOU WILL BE SEEN PROMPTLY. WE WILL TRY TO CONTACT YOU THE DAY BEFORE AS A FRIENDLY REMINDER, HOWEVER, IT IS YOUR RESPONSIBILITY TO ARRIVE ON TIME FOR YOUR APPOINTMENT.

AS A COURTESY, PLEASE REMEMBER TO CALL US AS SOON AS YOU KNOW THAT YOU WILL BE UNABLE TO MAKE YOUR SCHEDULED APPOINTMENT AND WE'D BE HAPPY TO REBOOK IT FOR YOU.

IF YOU FAIL TO KEEP YOUR APPOINTMENT AND DO NOT CALL 24 HOURS PRIOR, A CHARGE WILL BE BILLED TO YOUR CREDIT CARD ON FILE.

IF YOU ARE AN EXISTING PATIENT AND HAVE HAD TWO (2) NO SHOWS OR CANCELLATIONS WITH LESS THAN 24 HOUR NOTICE, YOU WILL BE REQUIRED TO SECURE FUTURE APPOINTMENTS BY PUTTING A CREDIT CARD ON FILE WITH US.

IF YOU FAIL TO GIVE US 24 HOURS NOTICE TO CANCEL OR RESCHEDULE YOUR APPOINTMENT A CHARGE WILL BE BILLED TO YOUR CREDIT CARD ON FILE. THE FOLLOWING ARE OUR FEES:

APPOINTMENT W/DR. ROCKER OR ESTHETICIAN \$50
NO SHOWS \$50 FEE

WE APPRECIATE YOUR UNDERSTANDING AND COOPERATION REGARDING THESE POLICIES.

SIGNATURE

DATE:

Fitzpatrick Skin Type Worksheet

Circle the answer to each question and write the corresponding number (0-4) in the box on the left. At the end of the questionnaire, add up all the numbers to determine the corresponding skin type

Score		0	1	2	3	4
	What is your eye color?	Light blue or gray	Blue or green	Hazel, light brown	Dark brown	Brownish black
	What is your natural hair color?	Red, sandy red	Blonde	Dark blonde, chestnut, brown	Dark brown	Black
	What is the color of your skin (unexposed areas)?	Reddish	Very pale	Pale with beige tint	Light brown	Dark brown
	Do you have freckles on sun-exposed areas?	Many	Several	Few	Incidental	None
	What happens when you stay in the sun too long?	Painful redness, blistering,	Blistering, followed by peeling	Burns, sometimes followed by	Rarely burns	Never had burns
	To what degree do you turn brown?	Hardly any or not at all	Light tan	Reasonable tan	Tan very easily	Turn dark brown quickly
	Do you turn brown several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always
	How does your face respond to sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem
	When did you last expose yourself to the sun, tanning bed, or self-	More than 3 months ago	2-3 months ago	1-2 months ago	Less than 1 month ago	Less than 2 weeks ago
	How often is the area you want to have treated exposed to the sun?	Never	Hardly ever	Sometimes	Often	Always

Total	Score	Fitzpatrick skin type
_____	0-7	I
	8-16	II
	17-25	III
	26-30	IV
	Over 30	V-VI

SKINOLOGY CONSENT FOR LASER/LIGHT BASED TREATMENT

I authorize _____ to perform laser/pulsed light cosmetic dermatology treatments on me, including but not limited to deep tissue heating, soft tissue coagulation, hair removal, treatment of pigmented lesions, vascular lesions, acne and/or wrinkles or tattoo removal. I understand that the procedure is purely elective, that the results vary with each individual, and that multiple treatments may be necessary.

I understand that:

- Serious complications are rare, but possible.
- Common side effects include temporary redness and mild “sunburn” like effects that may last a few hours to 3-4 days or longer.
- Pigment changes, including hypopigmentation (lightening of the skin) or hyperpigmentation (darkening of the skin), lasting 1-6 months or longer may occur.
- Freckles may temporarily or permanently disappear in treated areas.
- Other potential risks include crusting, itching, pain, bruising, burs, infection, scabbing, scarring, swelling and failure to achieve desired result.
- Laser/Intense Pulse Light can cause eye injury and protective eyewear must be worn during treatment.
- I understand that sun or tanning lamp exposure and not adhering to the post-care instructions provided to me may increase my chance of complications.

I consent to photographs being taken to evaluate treatment effectiveness, for medical education, training, professional publications or sales purposes. No photographs revealing my identity will be used without my written consent. If my identity is not revealed, these photographs may be used and displayed publicly without my permission.

Before and after treatment instructions have been discussed with me. The procedure as well as potential benefits and risks have been explained to my satisfaction. I have had all my questions answered. I freely consent to the proposed treatment.

Patient Signature _____ date _____

PATIENT COPY PLEASE KEEP

Exclusionary Criteria

Exclusionary criteria for light therapy includes, but is not limited to...

- Unprotected sun exposure or use of tanning beds or creams in areas to be treated. This applies to all hand pieces except the LuxR and LuxRs, which are designed to treat all skin types, including tanned skin. Protected sun exposure means wearing protective clothing or the daily use of an SPF-30 or greater sunscreen. Client should be advised to discontinue tanning four weeks prior to treatment, during treatment course, and 4-6 weeks after treatment. This will reduce the chance of skin color changes and development of new pigmented lesions.
- Pregnancy. There is no clinical evidence at this time of fetal harm from a light-based system, but the results of the treatment may be erratic or unreliable due to fluctuations in hormonal levels, hair growth cycles and physiological conditions.
- Menstrual Dysfunction. Patients with menstrual dysfunction or hyperandrogenism should be referred to an endocrinologist for evaluation and possible medical treatment. These clients tend to have hirsutism secondary to their disease, which may respond to medical treatment.
- Use of mechanical epilation less than weeks prior to treatment for clients seeking hair removal. This includes plucking, waxing, tweezing, electrolysis, or sugaring. Client should also refrain from these practices during the treatment course.
- Allergies. Confirm with client any allergies to medications, latex, foods or other substances that may be used during the course of treatments.
- History of seizures. Flashing lights may trigger a seizure.
- Medications. Both prescription and non-prescription. Be sure to include herbal and natural remedies as some of these may cause photosensitivity. Client should not be taking Accutane, anti-coagulants or St. John's Wort. For clients taking a photosensitizing medication, perform test spots 24hrs before treatment.
- History of Keloid and hypertrophic scar formation. Although scarring is rare, picking or pulling off scabs or crusting can result in scarring. For this reason it is recommended to exclude from treatment clients with known tendency to form keloid and hypertrophic scars.
- Active infections/Immunosuppression. Active infections and immunosuppression compromise the healing ability of the body. Reschedule the client when infection is cleared.
- Open lesions. Treatment should only be done on intact, healthy skin, with primary care providers for medical evaluation and possible prophylaxis prior to treatment.
- Herpes I or II within the treatment area. Patients should consult their primary care providers for medical evaluation and possible prophylaxis prior to treatment.
- Tretinoin (Retin-A, Renova). Although tretinoin use in the area to be treated is not absolutely contraindicated, it is known to make skin more sensitive and prone to exfoliation. Client is better advised to discontinue the use of exfoliating creams and other exfoliating products two weeks prior to and during the entire treatment course.

POST-TREATMENT INSTRUCTIONS

General

- A mild sunburn-like sensation is expected. This usually lasts 2-24 hours, but can persist up to 72 hours. Mild swelling and/or redness may accompany this, but it resolves in 2-3 days.
- Apply ice or cold packs to the treatment area for 10-15 minutes every hour for the next four hours, as needed. An oral, non-steroidal anti-inflammatory, such as acetaminophen may be taken to reduce discomfort. Use according to manufacturer's recommendations.
- In some cases, prolonged redness or blistering may occur. An antibiotic ointment may be applied to the affected areas twice a day until healed.
- Bathe or shower as usual. Treated areas may be temperature-sensitive. Cool showers or bathes will offer relief. Avoid aggressive scrubbing and use of exfoliants, scrub bushes and loofa sponges until the treatment area has returned to its pre-treatment condition.
- Until redness has completely resolved, avoid all of the following:
 - Applying cosmetics to treated areas
 - Swimming, especially in pools with chemicals, such as chlorine.
 - Hot tubs and Jacuzzis.
 - Activities that cause excessive perspiration.
 - Sun exposure to treated areas. Apply an SPF-30 or greater sunscreen to prevent development of new pigmented lesions.

For Hair Removal

- Appearance of hair growth or stubble will continue for 7-30 days post-treatment. This is not new hair growth, but the treated hairs being expelled from the skin.
- In clients with facial hirsutism who have been diagnosed with polycystic ovarian syndrome and presenting ovarian hyperandrogenism, there is a risk of paradoxical effect resulting from the activation or dormant hair follicles in untreated areas close to hirsute-treatment areas.

For Pigmented Lesion Treatment

- The lesion may initially look raised and/or darker with a reddened perimeter.
- The lesion will gradually turn darker over the next 24-48 hours. It may turn dark brown or even black.
- The lesion will progress to scabs/crusting and will start flaking off in 7-14 days. Do not pick, scratch or remove scabs.
- The lesion is usually healed in 21-30 days. It will continue to fade over the next 6-8 weeks.

For Vascular Lesion Treatment

- The vessels may undergo immediate graying or blanching, or they may exhibit a slight purple or red coloring. The vessels will fully or partially fade in about 10-14 days. Do not pick or remove scabs.
- Repeat treatment may be performed every 7-10 days if skin is fully recovered.

For Acne Treatment

- There may be an initial flare-up of acne, similar to the kind seen after a peel procedure or the beginning of a new topical or oral acne medication.
- Some of the blemishes may form scabs. Do not pick, scratch or remove scabs.
- The acne blemishes will fade after about 2-3 weeks.
- A 40% reduction in the number of lesions and the prevention of new lesion formation can be expected following the treatment course.