



SKIN & LASER CLINIC

SKIN / HEALTH ASSESSMENT

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Chart #: \_\_\_\_\_

- 1. Are you feeling well today? Yes \_\_\_ No \_\_\_
2. Are you currently pregnant or breast feeding? Are you planning a pregnancy right now? Yes \_\_\_ No \_\_\_
3. Do you have Diabetes? Yes \_\_\_ No \_\_\_
4. Do you have a condition affecting your immune system? Yes \_\_\_ No \_\_\_
5. Do you have a communicable disease such as HIV infection or Hepatitis? Yes \_\_\_ No \_\_\_
6. Are you currently being treated for cancer? Yes \_\_\_ No \_\_\_
7. Do you have, or have you had, unusual skin lesions? Yes \_\_\_ No \_\_\_

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

- 8. When you have a cut, scratch, sore, or surgical incision, does your skin color have a tendency to hyper or hypo pigment? Yes \_\_\_ No \_\_\_
9. Do you have a history of Keloid scarring? Yes \_\_\_ No \_\_\_
10. Are you allergic to Aspirin? Yes \_\_\_ No \_\_\_

- 11. Are you allergic to anesthetics such as Lidocaine or Novocain similar to the anesthetic your dentist uses? Yes \_\_\_ No \_\_\_

- 12. Do you have an allergy to latex? Yes \_\_\_ No \_\_\_
13. Are you allergic to any medication? Yes \_\_\_ No \_\_\_

- 14. Do you have a history of skin disorders such as: eczema, psoriasis, impetigo, cold sores, rashes, acne, blemishes, Roseacea? Yes \_\_\_ No \_\_\_

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

- 15. Do you bruise easily or heal slowly? Yes \_\_\_ No \_\_\_
16. Are you currently taking blood thinning medications? Yes \_\_\_ No \_\_\_

- 17. Have you had previous cosmetic or dermatology skin treatments or procedures? Yes \_\_\_ No \_\_\_
18. Do you use tanning beds? Yes \_\_\_ No \_\_\_

If yes, how often? \_\_\_\_\_

- 19. Do you use sunscreen? Yes \_\_\_ No \_\_\_
20. Is there anything else about your health the clinic should know about? Yes \_\_\_ No \_\_\_

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

- 21. Do you consider yourself healthy? Yes \_\_\_ No \_\_\_

Please check the statement that most correctly described your skin. If you were to be outdoors WITHOUT sunscreen or protective clothing:

- \_\_\_ Never tans, always burns, fair skin color \_\_\_ Occasionally tans, usually burns, fair skin color
\_\_\_ Often tans, sometimes burns, medium skin color \_\_\_ Always tans, rarely burns, olive skin color
\_\_\_ Dark/Black skin, Asian descent, Hispanic descent, Native American descent

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinic Staff Complete:
Date: \_\_\_\_\_
The non-client condition specific protocol is authorized:
\_\_\_ Authorized, NO exceptions
\_\_\_ Authorized, WITH exceptions: \_\_\_\_\_
RN: \_\_\_\_\_ Medical Director: \_\_\_\_\_