PATIENT QUESTIONNAIRE

Page 1 of 2

Name:_____ Age:_____ Date of Birth:_____ Gender: M F
Address:_____ City:_____ State:_____
Zip:_____ Home Phone:_____ Cell Phone:_____
Email:_____
How did you hear about Miami Beach Laser Spa? _____
In case of emergency, whom should we contact? _____
Phone:_____

MEDICAL HISTORY

Have you ever had (please check all that apply):

___Heart disease	___Diabetes	____Eye conditions
___Heart attack or chest pain	___Easy bleeding or bruising	____HIV/AIDS
___Hypertension	___Delayed or abnormal wound healing	
___Endocrine or hormone disorder	___Heart pacemaker or defibrillator	
___Hepatitis	___Current or recent pregnancy	

List any medical problems you have:_____
List any medications that you are currently taking, including vitamins and herbals:_____
_____
List any medication allergies that you have and the reaction:_____
_____
Are you allergic to any metals?_____ Are you allergic to latex?_____
Do you use any tobacco products?_____

SURGICAL HISTORY

List any operations you have had:

1._____ 2._____
3._____ 4._____
5._____ 6._____

PATIENT QUESTIONNAIRE
Page 2 of 2

DERMATOLOGIC HISTORY

Have you ever had (please check all that apply):

___Chronic skin conditions
___Laser skin resurfacing
___Herpes simplex or cold sores
___Keloid or hypertrophic scar
___Botox injections
___Tetracycline use for acne
___Recent waxing or plucking
___Recent sunburn or tan (including tanning bed)
___Skin cancer
___Photosensitivity
___Chemical peel
___Accutane use for acne
___Pigmentation disorder
___Injection of collagen or other dermal filler
___Electrolysis or threading

What is your ethnic background?_____

When exposed to the sun, do you usually: ___Always burn, never tan
___Burn easily, tan poorly ___Tan after initial burn ___Burn minimally, tan easily
___Rarely burn, tan darkly easily ___Never burn, always tan darkly

Do you use Sunscreen regularly?_____ What SPF are you using? _____
Do you use artificial or "sunless" tanning products? _____
List any special skin care products you use:_____

Patient Signature:_____ **Date**_____

Provider:_____ **Date:**_____