Physicians AquaFit

Client Questionnaire - Laser Hair Reduction

Medical Information:

NO YES

_____ _____ Skin Cancer
_____ _____ Accutane; If Yes, When? _____
_____ _____ Allergies
_____ _____ Autoimmune disease, HIV, Lupus, Hepatitis
_____ _____ Currently taking Birth Control Pills or other Hormones
_____ _____ Diabetes
_____ _____ Eczema/psoriasis
_____ _____ Electrolysis; If yes, when?_____
_____ _____ Herpes, Cold Sores, Fever Blisters
_____ _____ Irregular, Pigmented Moles or Growths
_____ _____ Keloids, Pigmented Scars
_____ _____ Migraine Headaches
_____ _____ Currently Pregnant or Breast Feeding?
_____ _____ Rentin A. Renova; If yes, when?_____
_____ _____ Shaving (area to be lasered); If yes, when? _____
_____ _____ Recent sunburn or tan (area to be lasered); If yes, when? _____
_____ _____ Tweezing (area to be lasered); If yes, when? _____
_____ _____ Warts
_____ _____ Waxing (area to be lasered); If yes, when? _____
_____ _____ Any condition not listed: _____
_____ _____ Currently under the care of a physician?
_____ _____ Currently taking any medication? _____
_____ _____ Laser procedures, Chemical peel, dermabrasion or microderabrasion?

Area to be treated: _____

Signature: _____

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