

DERMA-LASE SKIN ANALYSIS

- Have you used Retin A in the last 2 weeks in the area to be treated? Y/N
- Are you currently taking Accutane for acne, or have you taken it in the last year? Y/N
If yes, explain: _____
- Have you had a chemical or acid peel on your face in the last 3 months? Y/N
If yes, where, when, and what percent? _____
- Have you seen a Dermatologist in the past 6 months? Y/N
If yes, are you using Dermatologist strength skincare products? Y/N
List products: _____
- Are you currently using a topical antibiotic on your face for acne? Y/N
Have you taken oral antibiotics in the last two weeks? Y/N
- Do you have any tattoos, permanent make-up or body piercing in the area to be treated? Where? _____
- Have you ever been diagnosed with Polycystic Ovarian Syndrome? Y/N
- Have you had any injectables in the treatment area in the last 6 months? Y/N
(ie. Juvaderm, botox, Restylane)
- Do you have excessive hair growth? Y/N
If yes, in what areas on the body? _____
- Do you have a hypo/hyperactive thyroid condition? Y/N
If yes, have you had surgery or taken medication for the condition? Y/N
- Have you seen an Endocrinologist in the last year? Y/N
If yes, explain: _____
- Have you tried laser hair removal or other methods of hair removal in the past? Y/N
If yes, explain: _____

Client Signature

Date