

Ooh La La Laser Services

New Patient Information

Today's Date _____

In order to provide you with the most appropriate laser treatments, we ask you to complete the following questionnaire. All information is strictly confidential.

Personal History

Name: _____ Birth Date: _____

Occupation: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone for confidentiality: (____) _____ - _____

Confidential Email Address: _____

Emergency Contact: _____ & phone (____) _____ - _____

How did you hear about Ooh La La Laser?

Please share with us what aspects of your appearance are you currently concerned about? _____

Which procedures have you heard about that you are most interested in?

Hair Removal Wrinkle Reduction Cellulite Treatment Vein Treatment Tattoo Removal
Pigmented Skin Lesions/Age Spots

Ooh La La Laser Refund Policy

Purchases may be credited towards another future service

For all returns, a service fee of 5% for all card transactions and a 10% fee will be charged for any and all returned checks.

Please initial _____

Name _____ Today's Date _____

Patient Medical History –

Are you currently under the care of a physician or dermatologist? Yes No

If so, for what? _____

Do you have any of the following medical conditions?

- | | | |
|--|--|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Frequent Cold Sores | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Keloid Scarring | <input type="checkbox"/> Hormone Imbalance |
| <input type="checkbox"/> HIV / AIDS | <input type="checkbox"/> Skin Disease | <input type="checkbox"/> Thyroid Imbalance |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Skin Lesions | <input type="checkbox"/> Blood Clotting Abnormalities |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Any Active Infection |

Do you have any other health problems or medical conditions? Please list: _____

Please list past surgical history: _____

Have you ever had: Lipo-dissolve, Cool Sculpt, Mesotherapy, Previous Liposuction,
 Radio Frequency Thermigen, ANY medical reduction procedures

Please indicate (Yes / No) if you have had any allergic reactions to: Food, Latex

Please indicate (Yes / No) if you have had any allergic reactions to: Aspirin, Lidocaine,

Have you ever used: Hydrocortisone, Hydroquinone

other bleaching agents? _____

Medications

Have you ever had novacaine (most often with dental work)? _____

What oral medications are you presently taking? _____

Are you taking Aspirin, Ibuprofen, or Coumadin? _____

Have you ever taken Accutane? _____ If so, when did you cease taking acutane? _____

What herbal or Vitamin supplements are you currently taking? _____

What topical medications are you currently using? Retin A, list all others _____

Name: _____ Date: _____

History

Have you ever had laser hair removal?

What methods of hair removal have you used in the last six weeks?

Have you had any recent tanning or sun exposure that changed the color of your skin?

Have you recently used any self tanning lotions, sprays or treatments?

Do you regularly use tanning salons or sunbathe?

Do you form thick or raised scars from cuts or burns?

Do you have Hyper-pigmentation or Hypo-pigmentation or marks after trauma to your skin?

- If so, please describe: _____

What best describes your skin type?

- | | |
|---------------------------------------|--|
| 1. _____ I always burn, never tan | 5. _____ I have brown, moderately - pigmented skin |
| 2. _____ I always burn, sometimes tan | |
| 3. _____ I sometimes burn, always tan | |
| 4. _____ I rarely burn, always tan | 6. _____ I have black skin |

For Our Female Clients *(please circle correct answer)*

Are you pregnant or trying to become pregnant? YES NO

Are you breastfeeding? YES NO

Are you using contraception? YES NO

I certify that the preceding medical, personal and skin history statements are true and correct. I am aware that it is my responsibility to inform the technician, esthetician, therapist, doctor or nurse of my current or medical or healthy conditions and to update this history. I understand that a current medical history is essential to the caregiver to execute appropriate treatment procedures.

Cancellation Policy:

_____ We have a 24 hour cancellation Policy. If you cancel with 24 hours of your appointment you forfeit that treatment.

Signature: _____ Date: _____

Skin Typing Matrix

Name: _____

Date: _____

Please answer the following questions by circling the number that best describes you.

Your clinician will total your score during the consultation.

My ethnic origin is closest to:	Very fair (Celtic, Scandinavian)	_____
	Fair-skinned (Caucasian with light hair & light eyes)	_____
	Pale-skinned (Caucasians with dark hair & dark eyes)	_____
	Olive-skinned (Mediterranean, some Asian, some Hispanic)	_____
	Dark-skinned (Middle Eastern, Hispanic, Asians, some Africans)	_____
	Very dark-skinned (African)	_____

My eye color is:	Light blue	0
	Blue / Green	1
	Green / Gray / Golden	2
	Hazel / Light brown	3
	Brown	4

My natural hair color at age 18 was:	Red	0
	Blonde	1
	Light brown	2
	Dark brown	3
	Black	4

The color of my skin that is not normally exposed to the sun is:	Pink to reddish	0
	Very Pale	1
	Pale with a beige tan	2
	Light brown	3
	Medium to dark brown	4
	Dark brown – black	5

If I go out into the sun for an hour or so without sunscreen and have not been out in the sun for weeks, my skin will:	Burn, blister and peel	0
	Burn, then when burn resolves there is little or no color change	1
	Burn, but then turn tan in a few days	2
	Get pink, but then turn to a tan quickly	3
	Just tan	4
	Just get darker	5
	My skin color is so dark I can't tell	6

When was the last time the area to be treated was exposed to natural Sunlight, tanning booths or artificial Tanning cream?	Longer than one month ago	0
	Within the past month	1
	Within the past two weeks	2
	Within the past week	3

If your score is:

0 – 3
4 – 7
8 – 11
12 – 15
16 – 19
20 – 24

Your skin type is:

1
2
3
4
5
6

Total Score: _____

If you sustain an injury to your skin such as a cut, burn or bruise, how long does it take to fully resolve without darkening of the skin?

What happens if you get an insect bite? _____