



SCULPSURE TREATMENT PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____ Date: _____

Please answer all of the following questions

1. Are you pregnant or breastfeeding? YES NO

2. Do you have ANY current or chronic medical illnesses? YES NO

Disclose any history of heat urticaria, diabetes, autoimmune disorders or any immunosuppression, blood disorders, cancer, bacterial or viral infections, medical conditions that significantly compromise the healing response, skin photosensitivity disorders, unrepaired abdominal hernia, or any other condition or illness.

Please List: _____

3. Do you have ANY current or chronic skin conditions? YES NO

Also disclose any history of vitiligo, eczema, melasma, psoriasis, and allergic dermatitis, any diseases affecting collagen including Ehlers-Danlos syndrome, scleroderma, skin cancer, or any other skin condition.

Please List: _____

4. Are you currently under a doctor's care? YES NO

If so, for what reason? _____

5. Do you take/use ANY medications (prescriptions and nonprescriptions), vitamins, herbal or natural supplements, blood thinners, immunosuppressants, or anti-inflammatories on a regular or daily basis?

YES NO

Please List: _____

6. Are there any topical products (both medical and non-medical) that you use on your skin on a regular or daily basis? YES NO

Please List: _____

