Patient Registration

Today's Date: _____

Name (First, Middle, Last):

_____

Home Address:

_____

City, State, Zip Code:

_____

Occupation:

_____

Date of Birth: _____ Sex: M ____ F: ____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Emergency Contact Name: _____ Phone: _____

How did you hear about us? _____

Skin Typing Worksheet

MEDICAL HISTORY FORM

Check the circle where applicable:

- Accutane
- Acne
- Artificial Implants
- Birth Control Pill
- Blood Disorder
- Blood Thinner
- Cancer
- Contact Lenses
- Cold Sores/Fever Blisters
- Eczema
- Genital Herpes
- Hepatitis
- HIV
- Hypertension
- Hormone Imbalance
- Hormone Pills
- Hyper/Hypo Pigmentation
- History of Keloid Scarring
- Latex Allergy
- Melasma
- Metal Plates/Pins
- Pacemaker
- Permanent Makeup
- Retin-A or Acne Creams
- Scarring
- Seizures
- Skin Cancer or Family History

  _____

Do you have any special skin care problems or concerns pertaining to your face or body?

No ___ Yes, please specify _____

When exposed to the sun do you: Tan ___ Tan & Burn ___ Burn ___

Do you have any drug/medication allergies? Y ____ N ____

**If you answered yes, list medication(s): _____

Please list all medications you are currently taking: _____

Do you smoke? Y ___ N ___ How often? _____

Do you drink? Y ___ N ___ How often? _____

What is your level of stress? Low 1 2 3 4 5 6 7 8 9 10 High

Are you pregnant? Y or N
Do you plan on becoming pregnant in the near future? Y or N

Ethnic skin type :
Caucasian ___ Hispanic ___ Asian ___ Middle Eastern ___

Mediterranean ___ American Indian ___ Not Sure ___ Other ___

Skin Typing Worksheet

		0	1	2	3	4
	What is your eye color?	Light blue or gray	Blue or green	Hazel, light brown	Dark brown	Brownish black
	What is your natural hair color?	Red, sandy red	Blond	Dark blond, chestnut, brown	Dark brown	Black
	What is the color of your skin (unexposed areas)?	Reddish	Very pale	Pale with beige tint	Light brown	Dark brown
	Do you have freckles on sun-exposed areas?	Many	Several	Few	Incidental	None
	What happens when you stay too long in the sun?	Painful redness, blistering, peeling	Blistering, followed by peeling	Burns, sometimes followed by peeling	Rarely burns	Never had burns
	To what degree do you turn brown?	Hardly any or not at all	Light tan	Reasonably tan	Tan very easy	Turn dark brown quickly
	Do you turn brown several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always
	How does your face respond to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem
	When did you last expose yourself to the sun, tanning bed, or self-tanning creams?	More than 3 months ago	2 - 3 months ago	1 - 2 months ago	Less than a month ago	Less than 2 weeks ago
	How often is the area you want to have treated exposed to the sun?	Never	Hardly ever	Sometimes	Often	Always
Add above column for Total Score:	Match your total score with the corresponding skin type.	Fitzpatrick Skin Type				
	0 - 7 8 - 16 17 - 25 26 - 30 Over 30	I II III IV V - VI				