DERMACARE™
The Premier Medical Spa in the Pacific Northwest

LASER & SKIN CARE CONSULTATION

TODAYS DATE: HOW DID YOU HEAR OF US?

NAME: BIRTH DATE: SEX: ☐ M ☐ F

STREET ADDRESS:

CITY: STATE: ZIP CODE:

HOME PHONE: CELL PHONE:

EMPLOYER: WORK PHONE:

EMAIL ADDRESS:

IN CASE OF EMERGENCY

CONTACT NAME: PHONE:

SKIN CARE CONCERNS

WHAT CONCERNS WOULD YOU LIKE ADDRESSED? (PLEASE CHECK ALL THAT APPLY AND INDICATE WHERE)

- ☐ AGE SPOTS/SUN DAMAGE/MELASMA
- ☐ FACIAL/NECK/CHEST REDNESS
- ☐ ACNE/SCARRING/TEXTURING
- ☐ WRINKLES/LINES
- ☐ MINERAL MAKE-UP
- ☐ SKIN TIGHTENING
- ☐ OTHER:
- ☐ UNWANTED HAIR
- ☐ VEINS (FACIAL/LEG/BODY)
- ☐ STRETCH MARKS
- ☐ TATTOO REMOVAL
- ☐ PRE-CANCERS OF THE SKIN
- ☐ UNWANTED FAT

MEDICATIONS

PLEASE LIST ALL MEDICATIONS – INCLUDE ORAL, TOPICAL, ANTIBIOTICS, BIRTH CONTROL, VITAMINS, ETC…

ARE YOU ALLERGIC TO ANY MEDICATIONS? ☐ YES ☐ NO
IF YES, PLEASE LIST:

Dermacare of Tri-Cities
1305 Fowler Street Richland, WA 99301
509-783-5050
www.DermaCareTriCities.com

MEDICAL HISTORY

Question	Yes	No
Personal or Family History of Seizures?	☐ Yes	☐ No
Accutane use in the past 6 months?	☐ Yes	☐ No
Do you spend a lot of time outdoors?	☐ Yes	☐ No
Daily sunscreen use?	☐ Yes	☐ No
Do you use tanning booths?	☐ Yes	☐ No
Have you ever had treatment of any veins?	☐ Yes	☐ No
Do you use tobacco products?	☐ Yes	☐ No
Currently pregnant or breastfeeding?	☐ Yes	☐ No
History of Cold Sores?	☐ Yes	☐ No
Have you ever had permanent make-up (tattoo)?	☐ Yes	☐ No

Have you or are you currently having ANY cosmetic procedures? ☐ Yes ☐ No
Are you currently having electrolysis, waxing, or laser hair removal? ☐ Yes ☐ No
Have you ever had implants/fillers in the area to be treated? ☐ Yes ☐ No
Do you have or have you ever experienced an ongoing skin infection (such as MRSA) that required antibiotics to treat? ☐ Yes ☐ No

PLEASE ELABORATE ON ANY QUESTIONS MARKED "YES":

PLEASE LIST ANY ONGOING HEALTH CONDITIONS:

PLEASE LIST PREVIOUS SURGERIES:

SKIN CONDITION

ARE YOU SENSITIVE TO:

☐ AHA ☐ HYDROQUINONE ☐ PRESERVATIVES ☐ FRAGRANCES ☐ SULFA DRUGS
☐ ASPIRIN ☐ LATEX ☐ WOOL

WOULD YOU DESCRIBE YOUR SKIN AS: ☐ SENSITIVE ☐ RESILIENT ☐ NOT SURE

PLEASE EXPLAIN:

I AM INTERESTED IN THE FOLLOWING (CHECK ALL THAT APPLY):

- ☐ BOTOX® COSMETIC / Dysport
- ☐ FILLERS (RADIESSE®, RESTYLANE®, PERLANE®, JUVEDERM®)
- ☐ PEARL™ LASER RESURFACING
- ☐ SILKPEEL® MICRODERMABRASIONS
- ☐ MEDICAL GRADE CHEMICAL PEELS
- ☐ DERMACARE SKIN CARE PRODUCTS
- ☐ JANE IREDALE® MINERAL MAKE-UP
- ☐ *FREE* MAKE-UP CONSULTATION
- ☐ LASER TITAN® COLLAGEN ACCELERATION
- ☐ SMARTLIPO MPX (liposuction)
- ☐ LASER HAIR REMOVAL
- ☐ LASER VEIN REMOVAL
- ☐ SCLEROTHERAPY
- ☐ TATTOO REMOVAL
- ☐ BLU-U® ACNE TREATMENTS
- ☐ LASER TEXTURING
- ☐ FOTOFACIAL™
- ☐ OTHER:

THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ANY BALANCE.

CLIENT SIGNATURE: ____ DATE: ______________

Dermacare of Tri-Cities
1305 Fowler Street Richland, WA 99301
509-783-5050
www.DermaCareTriCities.com