**SKIN TRANSFORMATIONS**

MEDICAL QUESTIONAIRE

Date:

Last Name: First Name:

Street: City: State: Zip Code:

Phone (home): Phone (work): Cell:

E-mail Address:

Date of Birth [ ] under 21 [ ] 21-30 [ ] 31-40 [ ] 41-50 [ ] over 50

How did you hear about us?

* Laskin Web Site
* Face Book
* Face Book Fan Page
* Linkedin
* Friend (Please indicate friend's name)
* Dr. Office

General Information

* Do not wax or use depilatories three days before treatment and 14 days post treatment then **do** **a test patch to ensure no skin lifting.**
* We recommend dermaplaning.
* Do not tan body parts being treated.
* Be sure to remove contact lenses.
* For patients wanting deeper peels or patients need advance preparation of the skin.
* ***A 24 hour patch test is always recommended before using any product or having any treatment.***
* List any medications/vitamins/minerals or herbal supplements you are taking and what it is prescribed for:

Prescription: Supplement

Prescription: Supplement

List products your are sensitive to and allergic to including food and alcohol based products:

Please answer the following questions.

* **Do you have or have you ever had shingles within the last three months. Yes [ ] No [ ] If yes, what were the dates.**
* Are you on blood thinners? Yes [ ] No [ ]
* Are you on chemo treatments? If so, you must consult your Doctor first. Yes [ ] No [ ]
* Are you using Accutane at this time? If so, how long? Yes [ ] No [ ]
* Do you have Botox or derma filler injection? If yes, seven days pre and post treatment is the recommended waiting time to prevent movement of derma filler or injection. Yes [ ] No [ ]
* Do you get or have cold sore or fever blisters? Yes [ ] No [ ] If either are present you can NOT be treated until completely healed. We recommend starting your cold sore/fever blister medication three days prior and taken for one week post treatment.
* Are you taking or using any prescription medication oral or topical? Yes [ ] No [ ] Tretinoin (Retin A), Renova/Differin/Tazorac/Avage. Please list for how long.
* Discontinue use of these products 7-14 days pre and post treatment. **Consult with your doctor before discontinuing any prescription!**
* Have you had laser resurfacing, facial surgery? Yes [ ] No [ ] When?
* Date of last facial chemical peel or laser.
* Have you had any of these health problems? Past or present.

[ ] Cancer

* Do you have special concerns about your face or body?
* Have you ever had a face or body treatment before? Yes [ ] No [ ] If yes, what treatment?
* Are you taking oral contraception? Yes [ ] No [ ]
* Are you pregnant or trying to get pregnant? Yes [ ] No [ ]
* Are you lactating? Yes [ ] No [ ]
* Is your blood pressure: normal [ ] high [ ] or low [ ]
* Do you experience any twitching? Yes [ ] No [ ]
* Do you bruise easily? Yes [ ] No [ ]
* Do you have acne? Yes [ ] No [ ]
* How would you rate your overall stress level? Low Medium High
* How much water do you drink a day?

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I confirm, to the best of my knowledge, the answers I have given are correct and I have not withheld any information that may be relevant to my treatment.

RELEASE AND CONSENT AGREEMENT: I, , acknowledge that I have been advised and fully informed concerning the nature of the procedures to be administered by the staff at Laskin Medical Skin Systems, including but not limited to possible complications associated with such procedures. I represent that the answers I have given to the questions on the history card are true and correct. I understand that the employees of Laskin Medical Skins System are relying on the truthfulness and accuracy of such statements in determining which procedures are appropriate for me. I herby authorize and direct the staff of Laskin Medical Skins System to perform the procedures.

I fully understand that the administration of the procedures, to which I am consenting, is not an exact science. I hereby confirm that no warranty or guarantee, or other assurances have been made to me covering the process or results of the procedure. I understand that there will be NO REFUNDS ON ANY TREATMENT. I hereby release and hold harmless Laskin Medical Skin Systems, it's employees, agents, independent contractors, directors and officers from and against all claims, demands, damages, cost, expenses and liability for injury or damage that may occur to me arising out of or in any way connected with the performance of the procedures.

My signature below constitutes my acknowledgement that I have read, understand and fully agree to the foregoing **WAIVER** and **CONSENT,** the procedures have been satisfactorily explained to me and I have all the information which I desire. I hereby give my authorization and consent to the performance of such procedure(s).

Signature Date

Parental consent if under 18 years of age