



Patient Information Questionnaire

Name _____ Date of Birth _____ Age _____

Address _____ Home phone _____

City _____ State _____ Zip _____ Daytime phone _____

How where you referred to us? (Circle all that apply)

Yellow Book Internet Family/Friend Mailed Advertisement Other _____

Please take a few moments to complete this questionnaire. The information you provide below will help our office to better evaluate your skin type so the laser treatment will be more effective.

Skin type is determined genetically and is one of the many aspects of your overall appearance, which also includes the color of your eyes, hair, etc. The way your skin responds to sun exposure is another way of correctly assessing your skin type. Recent tanning, whether by the sun or an artificial tanning booth, even tanning creams, can have a major impact on you skin color evaluation. It is also important for us to know about your health history and any medications you are taking.

Health History

(Please circle all current and previous medical conditions and skin treatments)

Diabetes	Eczema	Genital Oral Herpes	Cold Sores	Heart Condition
Moles	Acne	Dermatitis	Pace Maker	Pace Maker
Cancer	Hepatitis	HIV	Blood Disorder	Hepatitis
Latex Allergy		Endocrine Disorder	Keloid Scars	High Blood Pressure
Microdermabrasion		Chemical Peel	Tattoos	Permanent Make-up
Accutane	Retin-A	Other _____		

Current Menstrual Status

(Circle one that applies)

Regular Periods Pregnant In Menopause Post Menopause Other _____

Please list all Allergies to medications and skin care products you may have:

Please list current medications:

Desired Treatment Areas

(Circle all that apply)

Upper Lip Chin Face Eyebrows Neck Underarms
Abdomen Bikini Area Full Legs Upper Legs Lower Legs

Other _____

Previous Hair Removal Treatments

(Circle all that apply)

Shaving Laser Electrolysis Tweezing Waxing Depilatory None

Ethnic Background

(Circle all that apply)

Alaskan Native African American American Indian Asian Caucasian

Hispanic Italian Middle Eastern Spanish Other _____

GENETIC DISPOSITION, circle the one that best describes you for each question.

Score	0	1	2	3	4
What is your natural eye color?	Light blue, green gray	Blue, gray or green	Blue	Dark Brown	Brownish Black
What is your natural hair color?	Sandy, red	Blond	Chestnut/Dark Blond	Dark Brown	Black
What is the color of your non-exposed skin?	Reddish	Very pale	Pale with beige tint	Light brown	Dark brown
Do you have freckles on unexposed areas?	Many	Several	Few	Incidental	None

Total score _____

REACTION TO SUN EXPOSURE, circle the answer that best describes your reaction to each question.

Score	0	1	2	3	4
What happens when you stay too long in the sun?	Painful redness, blistering, peeling	Blistering followed by bleeding	Burns sometimes, followed by peeling	Rarely Burns	Never Burn
To what degree do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easy	Turn dark brown quickly
Do you turn brown with in several hours, after sun exposure?	Never	Seldom	Sometimes	Often	Always
How does your face react to sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem

Total score _____

TANNING HABITS, circle the one that best describes your habits.

Score	0	1	2	3	4
When did you last expose your body to the sun, a tanning booth, or tanning lotion?	More than a year ago	2-3 months ago	1-2 months ago	Less than one month ago	Less than two weeks ago
Have you exposed the area to be treated?	Never	Hardly ever	Sometimes	Often	Always

Total Score _____

The information I have provided is true and complete to the best of my knowledge and I agree to inform Aracea Women's Care of any medical changes. I understand that permanent hair reduction requires a series of treatments over a period of time. I will adhere to post treatment guidelines provided to me.

Client Signature _____ **Date** _____

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Fitzpatrick Skin Type

Add up the total scores for each section to determine the Fitzpatrick Skin Type.

- _____ Genetic disposition score
- _____ Reaction to sun exposure score
- _____ Tanning habit score
- _____ Skin type score

Skin type score	Fitzpatrick Skin Type
8-16	II
17-25	III
26-30	IV
Over 30	V-VI



PATIENT INSTRUCTION FOR GENTLELASE TREATMENT

PRE-TREATMENT INSTRUCTIONS

1. Avoid the sun 4-6 weeks before and after treatment or until your physician allows tanning.
2. You **MUST** avoid bleaching, plucking or waxing hair for 6 weeks prior to treatment. It is ok to shave the area.
3. The skin should be clean, shaved and left with a couple days new growth.
4. If you have had a history of peri-oral herpes, prophylactic antiviral therapy may be started the day before treatment and continued one week after treatment.
5. **TAN SKIN CANNOT BE TREATED!** If treated you will have hypopigmentation (white spots) or hyperpigmentation and this may not clear for 2-3 months or more. Also, the use of tanning cream **must** be discontinued one week before treatment.

Safety considerations are important during the laser procedure. Protective eye wear will be worn by the patient and all personnel in the room during the procedure to reduce the chance of damage to the retina.

AFTER CARE INSTRUCTIONS

1. Immediately after treatment, there should be erythema (redness) and edema (swelling) at the treatment site, which may last up to 2 hours, or longer. The erythema may last up to 2-3 days. The treated area will feel like sunburn for a few hours after treatment. The application of ice during the first few hours after treatment will reduce the discomfort and swelling that may be experienced.
2. Antibiotic ointment may be used for 3-4 days but usually is not necessary. Some physicians recommend only aloe vera gel or ice after treatment. Darker pigmented people may have more discomfort than lighter skin people and may require the aloe vera gel or antibiotic ointment longer.
3. Make up may be used immediately after the treatment unless there is epidermal blistering. It is recommended to use **NEW** makeup to reduce the possibility of infection.
4. **AVOID** sun exposure to reduce the chance of hyperpigmentation or hypopigmentation. Use sunscreen (SPF 30 or greater) at all times throughout the course of treatment.
5. Avoid picking or scratching the treated skin. **DO NOT** use any other hair removal treatment product or similar treatments (waxing, electrolysis, or tweezing) that will disturb the hair follicle on the treatment area for 4-6 weeks after the laser treatment is performed. Shaving or depilatories may be used.
6. Call your physician's office with any questions or concerns you may have after treatment. Call for appointment at first sign of return hair growth. This can mean within 4-6 weeks for the upper body and possibly as long as 2-3 months for the lower body. Hair re-growth occurs at different rates on different areas of the body. New hair growth **will not occur for at least** three weeks after treatment.
7. Anywhere from 5-14 days after the treatment, shedding of the surface hair may occur and this appears as new hair growth. This is **NOT** new hair growth. You can clean and remove the hair by washing or wiping the area with a wet cloth or Lofta Sponge.
8. There are no restrictions on bathing except to treat the skin gently, as if you had sunburn, for the first 24 hours.