

## Sample Medical History

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Age \_\_\_\_\_ Referred by \_\_\_\_\_

Have you ever had the following?

- Current or history of cancer, especially malignant melanoma or recurrent non-melanoma skin cancer, or pre-cancerous lesions such as multiple dysplastic nevi.
- Any active infection.
- Diseases which may be stimulated by light at 515 nm to 1200 nm, such as history of recurrent Herpes Simplex, Systemic Lupus Erythematosus, or Porphyria.
- Use of photosensitive medication and/or herbs that may cause sensitivity to 515 - 1200 nm light exposure, such as Isotretinoin, tetracycline, or St. John's Wort.
- Immunosuppressive diseases, including AIDS and HIV infection, or use of immunosuppressive medications.
- Patient history of Hormonal or endocrine disorders, such as polycystic ovary syndrome or diabetes, unless under control.
- History of bleeding coagulopathies, or use of anticoagulants
- History of keloid scarring.
- Very dry skin.
- Exposure to sun or artificial tanning during the 3–4 weeks prior to treatment.

Are you pregnant? \_\_\_\_\_

What medications are you taking (including aspirin)? \_\_\_\_\_

Daily consumption of alcohol \_\_\_\_\_

Allergies: \_\_\_\_\_

Are you taking any herbal preparations? (St. John's Wort, etc.) \_\_\_\_\_

If yes, list \_\_\_\_\_

Do you wear contact lenses? \_\_\_\_\_

Skin type (when exposed to the sun **without protection** for about 1 hour)

- always burns, never tans \_\_\_\_\_
- always burns, sometimes tans \_\_\_\_\_
- sometimes burns, sometimes tans \_\_\_\_\_
- always tans \_\_\_\_\_
- Hispanic, Asian, Mediterranean, Middle Eastern \_\_\_\_\_
- Black \_\_\_\_\_

When were you last exposed to the sun (including tanning booth)? \_\_\_\_\_

Do you use chemical sun tanning lotions? \_\_\_\_\_

Are you in-service a holiday in the sun? \_\_\_\_\_

Reason for visit (area to be treated) \_\_\_\_\_

Prior treatment (if any) \_\_\_\_\_