

**Latour Skin Care Center
Sciton BBL Photo Rejuvenation**

Patient Name _____ Date _____
Email Address: _____

Referred By: Yellow Pages Ad Website Patient _____

Ethnic Background or Family Origin _____

1. What areas do you wish to have treated? _____

2. Are you now under skincare by a physician? Y/N If so, for what _____

3. List all medications you are taking by mouth or topicals (Accutane, Bactrim, Birth Control Pills, Doxycycline) _____

4. Are you using any exfoliating (peeling) creams or lotions, acne topicals, bleaches or coloring agents in the treatment area? Y/N If so, what _____

5. Ever had a fever blister? Y/N Ever an abnormal mole? Y/N

6. Any history of skin cancer? Y/N If so, explain _____

7. Are you now being treated for any medical diseases (ex: diabetes, hypertension, Lupus, PCOS, etc.)? Y/N If so, what _____

8. Do you have permanent tattooing in areas to be treated? Y/N

9. When was your most recent exposure to direct sunlight, a tanning bed, or self tanning creams? _____

10. Do you routinely wear sun screen? Y/N If so, what SPF _____

11. Do you have any unusual scars or keloids? Y/N Explain _____

12. List all skin allergies (including any to metals or sun) _____

Patient Signature _____

Failure to cancel your scheduled appointment within 24 hours notice will be subject to loss of deposit. Signature _____ **Date** _____