

Latour Skin Care Center, LLC
Lightsheer® Laser Hair Questionnaire

Date: _____

Name: _____ Ethnic Background or Family Origin: _____

Email Address: _____

Referred By: Yellow Pages Ad Web Another Client: _____

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

2. Are you now under skincare by a physician? YES / NO If so, for what? _____

3. Are you now being treated for any medical diseases (Ex: diabetes, hypertension, Lupus, etc.)? YES / NO
If so, for what? _____

4. Have you ever had a fever blister? YES / NO Have you ever had an abnormal mole? YES / NO
Have you ever had any rash or allergic reaction to the sun? YES / NO

5. List all medications you are taking by mouth or any topicals (ex. Accutane, Bactrim, Tetracycline,
Birth Control Pills, Retin-A, Tazorac): _____

6. Are you using any exfoliating (peeling) creams or lotions, acne topicals, bleaches, or coloring agents in the
treatment area? YES / NO If so, what? _____

7. Women: Are you pregnant? YES / NO Trying to get pregnant? YES / NO Breast feeding? YES / NO

8. Have you ever had an allergic reaction to anesthesia? YES / NO

9. Do you have any unusual scars or keloids? YES / NO

10. Are you allergic to any oral or topical medications? YES / NO If so, what? _____

11. Do you have permanent tattooing in areas to be treated? YES / NO

12. Have you recently sunbathed, spray tanned, used a tanning bed or applied self-tanning creams? YES / NO
If so, when? _____

13. Do you routinely wear sunscreen? YES / NO If so, what SPF? _____

Failure to cancel your LASER appointment within 24 hours notice will be subject to loss of deposit.

Signature (Parent or Guardian)

Date