

REVITALIZE MEDSPA

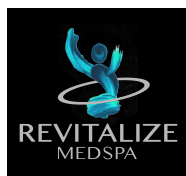
PATIENT INTAKE FORM

PERSONAL INFORMATION			
Name		Home Phone	
Address		Work/mobile phone	
City		State, Zip Code	
Weight		Date of Birth	
Referred by		Gender	Male/female
Email address		Emergency Contact Name and number	

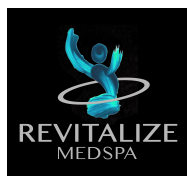
SKIN TYPE ASSESSMENT		
Fitzpatrick Skin Type	I II III IV V VI	Ethnicity:
Last exposed to the Sun (longer than 30 min. sessions) or Tanning Bed		

- ☐ Always burns easily, never tans with very pale skin tone
- ☐ Always burns, tans with a hint of color with very pale skin tone
- ☐ Burns initially, tans gradually with light skin tone
- ☐ Can burn and can tan with olive/gold skin tone
- ☐ Rarely burns with brown skin tone
- ☐ Rarely burns with very deeply pigmented skin tone

HAIR ASSESSMENT			
AREAS TO BE TREATED	1.	2.	3.
HAIR DENSITY	SPARSE/MEDIUM/DENSE	HAIR THICKNESS	FINE/MEDIUM/COARSE
HAIR COLOR		HAIR DENSITY	_____/CM2



MEDICAL HISTORY			
Pacemaker/Defibrillator		Tanned skin	
Metal Implants		Skin disorders (e.g. keloids, abnormal wound healing)	
Current or History of skin cancer/other cancer/pre-malignant moles		Facial laser resurfacing/deep chemical peeling, last 3 months	
Severe concurrent medical conditions (e.g. cardiac disorders)		Use of medication/herbs/inducing photosensitivity	
Pregnancy / nursing		Injections/Fillers	
Impaired Immune System		Saphenous Insufficiency	
Diseases stimulated by light (e.g. Lupus, Porphyria, Epilepsy)		Tattoo or permanent makeup	
Diseases stimulated by heat (e.g. Herpes Simplex)		Active skin infection (e.g. Psoriasis, eczema)	
Endocrine disorders (e.g. diabetes, PCOS)		Needle epilation, waxing or tweezing, last 6 weeks	
Surgical Procedures		History of bleeding disorders	
List any Medications		Use of Accutane in the past 6 months	
List any Allergies		<input type="checkbox"/> Cosmetics <input type="checkbox"/> Medicine <input type="checkbox"/> Food <input type="checkbox"/> Animals <input type="checkbox"/> Sunscreens <input type="checkbox"/> Iodine	<input type="checkbox"/> Pollen <input type="checkbox"/> AHA <input type="checkbox"/> Fragrance <input type="checkbox"/> Salicylic Acid <input type="checkbox"/> Shellfish <input type="checkbox"/> Latex <input type="checkbox"/> Drugs <input type="checkbox"/> Sun <input type="checkbox"/> Numbing agent
Detail and Medical Conditions			
Other Considerations:			



CHECK THE PROCEDURES YOU ARE INTERESTED IN: (check all that apply)

Laser Hair Removal	<input type="checkbox"/>	Skin laxity	<input type="checkbox"/>
IPL Brown spots or redness or Rosacea	<input type="checkbox"/>	Pore Reduction	<input type="checkbox"/>
Microdermabrasion	<input type="checkbox"/>	Lines and Wrinkles	<input type="checkbox"/>
Microneedling	<input type="checkbox"/>	Skin Resurfacing	<input type="checkbox"/>
Cellulite Treatment	<input type="checkbox"/>	Acne	<input type="checkbox"/>
Body Shaping	<input type="checkbox"/>	Dermal Fillers	<input type="checkbox"/>
Fat reduction	<input type="checkbox"/>	Botox/Dysport	<input type="checkbox"/>
Skin Tightening	<input type="checkbox"/>	Skin Resurfacing	<input type="checkbox"/>

What would you like to achieve from your treatments?
