

STUART LIPTON CLIENT CONSULTATION FORM

Date: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____ DOB: _____

Home Phone: _____ Work Phone: _____

Referred By: _____

Medical: In the last 5 years have you used or had?

| | | | | | |
|-----------------|----|-----|---------------------|----|-----|
| Accutane | No | Yes | Hearing Aid | No | Yes |
| Acne | No | Yes | Heart Condition | No | Yes |
| Canker Sores | No | Yes | Hemophilia | No | Yes |
| Carcinoma | No | Yes | Hepatitis | No | Yes |
| Cold Sores | No | Yes | High Blood Pressure | No | Yes |
| Contact Lenses | No | Yes | Keloid Scars | No | Yes |
| Moles | No | Yes | Dermatitis/Eczema | No | Yes |
| Diabetes | No | Yes | Metal Pins In Body | No | Yes |
| Pacemaker | No | Yes | Genital Herpes | No | Yes |
| Latex Allergies | No | Yes | Tuberculosis | No | Yes |
| Glycolic Acids | No | Yes | Gold Treatments | No | Yes |
| Retin A | No | Yes | EDTA Chelation | No | Yes |
| Alpha Hydroxy | No | Yes | | | |

Are you currently taking any of the following drugs:

Tetracycline Bactrim Hydrochlorothiazide

If you answered yes to any of the above, please explain:

Female Client Medical Information:

| | | | | | |
|-----------------|-----------|------------|---------------------|----|-----|
| In Menopause | No | Yes | Birth Control Pills | No | Yes |
| Hormone Pills | No | Yes | Post Menopause | No | Yes |
| Pregnant | No | Yes | Regular Periods | No | Yes |
| PMS | No | Yes | Endocrine Problems | No | Yes |
| Painful Periods | No | Yes | Hormone Imbalance | No | Yes |
| Other? | No | Yes | Explain: | | |

Desired Treatment Areas: (circle)

| | | | |
|-------------------|-----------|-------------|---------|
| Abdomen | Chest | Face (side) | Legs |
| Arms (fore/under) | Chin | Face (full) | Back |
| Neck (front/back) | Ears | Hairline | Nose |
| Bikini Line | Hands | Eyebrows | Breast |
| Private Areas | Feet/Toes | Upper Lip | Fingers |

Current Evaluation of Skin/Hair

Previous Treatments: (circle all that apply)

| | | | |
|--------------|----------|--------|-------------------|
| Electrology | Shaving | Laser | Electric Tweezers |
| Depilatories | Tweezing | Waxing | Cosmetic Peel |

Existing Skin Conditions:

| | | | |
|----------|----------------|----------|----------------|
| Scarring | Pigmentation | Acne | Telangiectasia |
| Rash | Permanent Make | Implants | Tattoo |

General Skin Condition: __Normal __Normal to dry __Dry __Oily

Have you ever been treated by an endocrinologist? __No ____Yes

Information on Tanning and Healing: (circle)

How easily do you tan? Very Good Fairly Good Not Good at all

How well do you heal? Very Good Fairly Good Slow Healer

Do you have any Medical Problems?

Taking any type of drugs? ____Yes ____No

If yes please describe by name

How soon would you like to begin hair removal?

Very Soon Near Future Today if Possible

STUART LIPTON, M.D. CLIENT CONSULTATION FORM

This information will help our office to better evaluate your skin type so the laser treatment will be more effective. Skin type is often categorized according to the Fitzpatrick skin type scale which ranges from very fair to (skin type I) to very dark (skin type VI). The two main factors that influence skin type and the treatment program devised by your practitioner are:

- Genetic disposition
- Tanning habits and reaction to sun exposure

Skin type is determined genetically and is one of the many aspects of 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 cream can have a major impact on your skin color evaluation.

By using the information you provide on this form, we can be better prepared to provide you with the best care. Please take a few minutes to fill out this questionnaire.

Genetic Disposition

| Score | 0 | 1 | 2 | 3 | 4 |
|--|-------------------------|---------------------|----------------------|-------------|----------------|
| Your eye color? | Light Blue, Gray, Green | Blue, Gray or Green | Blue | Dark Brown | Brownish Black |
| Natural color of your hair? | Sandy, Red | Blond | Chestnut/Dark Blond | Dark Brown | Black |
| Color of your nonexposed 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 for genetic disposition: _____

Tanning Habits

| Score | 0 | 1 | 2 | 3 | 4 |
|---|------------------------|----------------|----------------|-------------------------|-----------------------|
| When did you last expose your body to sun or tanning booth/cream? | More than 3 months ago | 2-3 Months ago | 1-2 Months ago | Less than one month ago | Less than 2 weeks ago |
| Did you expose the area to be treated to the sun? | Never | Hardly | Sometimes | Often | Always |

Total score for tanning habits: _____

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Reaction to Sun Exposure

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

Total score for reaction to sun exposure: _____

Summary:

Add up the total scores for each section for your Skin Type Score to give you a better evaluation of your skin type.

_____ Total score for Genetic Disposition

_____ Total score for Reaction to Sun Exposure

_____ Total score for Tanning Habits

_____ Skin Type Score

Your Fitzpatrick Skin Type:

| Skin Type Score | Fitzpatrick Skin Type |
|-----------------|-----------------------|
| 0-7 | I |
| 8-16 | II |
| 17-25 | III |
| 25-30 | IV |
| Over 30 | V-VI |

Name: _____ Date: _____

Comments: _____