

# **Alite Laser Hair Removal & Skin Rejuvenation**

504 W.17<sup>th</sup> Street, Austin, TX 78701

## **CLIENT REGISTRATION AND HEALTH ASSESSMENT FORM**

Date \_\_\_\_\_ Name \_\_\_\_\_ MI: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Tel. (    ) \_\_\_\_\_ Mobile Tel. (    ) \_\_\_\_\_

Email Address \_\_\_\_\_ Occupation \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_ Relationship \_\_\_\_\_ Tel. \_\_\_\_\_

### **MEDICAL BACKGROUND:**

Do you have ANY chronic medical history we should know about?  Yes  No

Please list: \_\_\_\_\_

Are you under a doctor's care now? Explain: \_\_\_\_\_

Have you ever been treated with hormone medication? \_\_\_\_\_

List present medications, including topical \_\_\_\_\_

List any surgery in past 6 months \_\_\_\_\_

Skin sensitivity to soaps, lotions, hydroquinone or skin bleaching agents? \_\_\_\_\_

Allergy to lidocaine or any numbing agents? \_\_\_\_\_

Does your skin get blotchy, red or irritated easily? \_\_\_\_\_

Are you TAN in area/s to be treated (from sun, spray on, and/or tanning salon)? \_\_\_\_\_

Past chemical peel? If yes, when? \_\_\_\_\_ Tattoo or permanent makeup in area/s to be treated? \_\_\_\_\_

Currently pregnant or trying to conceive? \_\_\_\_\_ List any implants \_\_\_\_\_

We do not recommend laser therapy if any of the following conditions exist. Please check any box which describes your current health condition.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Pregnancy         | <input type="checkbox"/> Photosensitivity disorders           | <input type="checkbox"/> Herpes (active)      |
| <input type="checkbox"/> Shingles (active) | <input type="checkbox"/> Seizure disorders triggered by light | <input type="checkbox"/> Bacterial infections |

**Have you ever experienced, been treated for or used any of the following? (please circle)**

Acne Allergies Herpes Cold Sores Hemophiliac Polycystic Ovaries Diabetes HIV Latex Allergy  
Hepatitis A,B,C Heart Problems Anti-Coagulant High Blood Pressure Thyroid Hysterectomy Menopause  
Birth Control Pill Irregular Periods Pregnancy Retin-A or Alpha Hydroxy Cancer Psoriasis Shingles  
Skin Pigmentation Keloid Accutane Photosensitizing medication Multiple Sclerosis  
ALS (Amyotrophic Lateral Sclerosis)

**Please explain any circled items:** \_\_\_\_\_

**SKIN TYPE:** To determine your skin type, please check the one box which best describes your reaction to sun exposure:

- \_\_\_\_\_ Skin Type I Never tans, always burns (extremely fair skin, blonde/red hair)
- \_\_\_\_\_ Skin Type II Occasionally tans, usually burns (fair skin, sandy to brown hair, green/brown eyes)
- \_\_\_\_\_ Skin Type III Often tans, sometimes burn during first exposure to sun (medium skin, brown hair)
- \_\_\_\_\_ Skin Type IV Always tans, never burns (Olive skin, brown/black hair)
- \_\_\_\_\_ Skin Type V Never burns (dark brown skin, black hair)
- \_\_\_\_\_ Skin Type VI Never burns (black skin, black hair)

**HAIR REMOVAL:** Please list **present area/s** you are interested in treating.  
(i.e. facial, back, chest, neck, bikini (regular or Brazilian), underarms, leg tops, leg bottoms, arms, hands, feet, etc.)  
**AND** please list desired method/s of hair removal (i.e. **laser, waxing, electrolysis**):

**Please list future, possible areas and methods (laser, wax, electrolysis):**

**Previous Hair Removal** – Please list area/s, method/s used to remove and approximate date last removed:

**SKIN REJUVENATION – Laser and Photo Facials**

(Treat brown spots, wrinkles, melasma, etc.) Please check areas interested in:

Face \_\_\_\_\_ Arms \_\_\_\_\_ Legs \_\_\_\_\_ Chest \_\_\_\_\_ Back \_\_\_\_\_ Stomach \_\_\_\_\_ Other \_\_\_\_\_

Please explain: \_\_\_\_\_

*I acknowledge that I am not allergic to lidocaine or any topical numbing agents, to the best of my knowledge.*

\_\_\_\_\_  
Client Signature

*I acknowledge that the information provided on this form is accurate and complete:*

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date