Kellis Eye & Laser Center

Consultation for Aesthetic Laser Procedures

Date: _____

Name: _____ **DOB:** _____

❒ Female ❒ Male **Age:** _____ **Referred by:** _____

Allergies: _____

Chief Concern:

❒ Acne
❒ Brown spots or sun damage
❒ Enlarged blood vessels
❒ Flushing of the skin
❒ Skin laxity
❒ Skin texture or scars
❒ Fine lines or wrinkles
❒ Unwanted hair

Past Medical History: _____

_____

❒ Prior skin treatments
❒ Retin-A®
❒ Hydroquinone or bleaching agent
❒ Skin resurfacing
❒ Botox
❒ Fillers
❒ Laser hair removal
❒ IPL treatments
❒ Skin rejuvenation procedures
❒ Chemical Peels
❒ Permanent makeup
❒ Melasma

Cold Sores: Yes No
Smoker: Yes No
Keloids: Yes No
Hyper pigmentation from burns, scars or bug bites: Yes No
Pregnant or trying to become pregnant: Yes No
Self tanners, tanning booths, sun exposure: Yes No

If yes, date of last exposure: _____

Medications:

❒ Accutane
❒ Antibiotics
❒ Cortisone or steroids
❒ Anti-depressants
❒ Appetite depressants
❒ Aspirin or Ibuprofen
❒ Thyroid Medication
❒ Hormone/contraceptives
❒ Insulin
❒ Sedative
❒ Other _____
❒ Anti-coagulants (Coumadin, Plavix, Xarelto, Eliquis, Pradaxa, Brilinta, Fish Oil)
❒ Photo sensitizing medications (Doxycycline, Tetracycline, Hydrochlorothiazide)

Fitzpatrick Skin Type: I II III IV V VI

Impression/Notes:

_____
_____
_____
_____
_____

Management Options and Plans:

❒ Halo: Face Neck Chest
❒ BBL: Face Neck Chest
❒ SkinTyte: Lids Neck & Jawline
❒ Hair Removal: _____
❒ Other: _____
_____