Laser Skin & Wellness
Tattoo Patient Intake Form

Name____ Today's Date _____/_____/_____
Last First Mo Day Yr

Address:____ Birth date _____/_____/______

City____________________________________ State:_____________ ZIP:_________________

Telephone ___________________ ❑Cell ❑Work ❑Home E-mail_____________________________

How did you hear about us? ______________________

This information is necessary for your procedure. Please answer yes or no to the following questions:

YES NO
- ❑ ❑ Are you using any prescribed medications? List___________________________________
- ❑ ❑ Are you using any Herbal medications? List______________________________________
- ❑ ❑ Do you take oral anti-coagulant (blood thinning) medication? List _____________________
- ❑ ❑ Are you allergic to any cosmetic ingredients, medications or foods? List :_________________
  ____
- ❑ ❑ Are you pregnant ? Do you use oral contraceptives? ❑ Yes ❑ No
- ❑ ❑ Do you use hormone replacement therapy?
- ❑ ❑ Do you smoke? How much? _____________ How long?_____________
- ❑ ❑ Do you spend a lot of time outdoors or use a tanning bed often?

Do you have any of the following issues?

❑ Sun Damage
❑ Uneven skin tone
❑ Enlarged pores
❑ Acne
❑ Upper lip lines
❑ Sun Spots
❑ Brown spots (Hyperpigmentation)
❑ Visible exposed blood vessels
❑ Clogged pores
❑ Excessive oiliness
❑ Wrinkles
❑ Dry patches
❑ White spots (Hypopigmentation)
❑ Hard bumps under skin
❑ Blackheads/Whiteheads
❑ Pimples
❑ Scarring
❑ Unwanted Hair

Please check any health problems, past or present:

❑ Seizures
❑ Hormonal Problems
❑ Cancer
❑ Hepatitis
❑ Liver disease
❑ Diabetes
❑ High Blood Pressure
❑ Vasovagal Syncope
❑ Skin cancer (Type: _____________)
❑ Cystic Acne
❑ Heart problems
❑ PCOS
❑ Asthma
❑ Thyroid
❑ Sarcoidosis
❑ Autoimmune (lupus, scleroderma)
❑Other:____

Do you have any of the following chronic skin disorders?

❑ Psoriasis
❑ Fever Blisters
❑ Dermatitis
❑ Cold Sores
❑ Eczema
❑ Sun Blisters
❑ Keloid Scarring
❑ Herpes Simplex/Blisters

I certify that the above information is correct. Patient Signature___________________________________

____________________**FOR OFFICE USE---Laser Skin & Wellness Notes**_____________________

Age: Professional Tattoo? Yes No Color: Price

Note: Initials