# Medical History

| | YES | NO |
|---|---|---|
| 5. (For women) are you or could you be pregnant? | ☐ | ☐ |
| 6. (For women) are menstrual period regular? | ☐ | ☐ |
| 7. Do you have a history of herpes I or II in the area to be treated? | ☐ | ☐ |
| 8. Do you have a history of keloid scarring? | ☐ | ☐ |
| 9. Have you taken Accutane or anticoagulants in the last 6 months? | ☐ | ☐ |

10. To determine skin type, check one of the following:

| Skin type | Color | Reaction to first yearly sun exposure without sunscreen |
|---|---|---|
| I | White | Always burns, never tans |
| II | White | Usually burns, tans with difficulty |
| III | White/Asian | Sometimes mild burn, average tan |
| IV | Moderate Brown | Rarely burns, tans with ease |
| V | Dark Brown | Very rarely burns, tans very easily |
| VI | Brown Black | Never burns |

11. What color is the hair you wish to remove?_____

12. Please describe its growth:

Dense and coarse: ☐ Medium growth: ☐ Sparse and fine: ☐

11. Which body area/areas would you like treated?

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Signature:_____Date:_____/_____/_____

Ten20
10 years younger in Twenty minutes

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