



Capitol Vein & Laser Centers
"Experience the Difference"

**LASER EVALUATION
 IPL AND LASER HAIR REMOVAL**

TODAY'S DATE _____

PATIENT NAME _____ DOB _____

IF HAVING HAIR REMOVAL, WHAT IS YOUR CURRENT FORM OF HAIR REMOVAL?

HAVE YOU EVER HAD A LASER PROCEDURE? _____

DO YOU HAVE ANY SIGNIFICANT MEDICAL HISTORY? _____

HAVE YOU EVER HAD A BLOOD HORMONAL WORKUP? _____

DO YOU HAVE A HISTORY OF METABOLIC DISORDERS? _____

POLYCYSTIC OVARIES? _____ ADRENAL HYPERPLASIA? _____

ARE YOU PREGNANT? _____ LAST MENSTRUAL PERIOD _____ MENOPAUSAL _____

DO YOU HAVE RECURRENT SKIN INFECTIONS SUCH AS HERPES SIMPLEX (COLD SORES)? _____

ARE YOU ALLERGIC TO MEDICATION OR LATEX? _____

WHAT MEDICATIONS DO YOU ROUTINELY TAKE (INCLUDING OVER THE COUNTER MEDICINE)? _____

HAVE YOU EVER TAKEN ACUTANE? _____ DATE DISCONTINUED _____

DO YOU USE RETIN-A OR ALPHA/BETA HYDROXYL ACIDS? _____

HOW DO YOU TAN? ALWAYS BURN _____
 BURN, THEN TAN _____
 EASILY TAN _____
 NEVER BURN _____

HAVE YOU EVER HAD AND CHANGE IN SKIN PIGMENTATION DURING OR FOLLOWING PREGNANCY OR MEDICINE USE? _____

DO YOU HAVE ABNORMAL SCARRING? _____

DO YOU HAVE ANY COSMETIC OR PROFESSIONAL TATTOOS? _____

I AM AWARE THAT CVL HAS A CANCELLATION FEE OF \$50 THAT WILL BE CHARGED IF NOT GIVEN 48 HOURS NOTICE.

 SIGNATURE