Family Doctors of Vicksburg, P.C.
Laser Skin Care

Medical History Form

Name_____________________________ Sex ☐Female ☐Male Age______ Dob ___/___/___

Address____________________________________ City____________________ State_____ Zip__________

Daytime/message phone __________________ Email Address _______________________________________

Occupation_______________________________ Employer____

Marital Status ☐Married ☐Single ☐Divorced ☐Widow Race _______________

How did you hear about us? ☐Patient here ☐Ad ☐Website ☐Referral – Name______________________

	Yes	No
1. Do you take ANY medications, herbal or natural supplements or topical on a daily basis? Please list: ____________________	☐	☐
2. Do you have any medical problems? Please list: ____________________	☐	☐
3. Do you have any Allergies to medications, foods, latex or skin care products? Please List: ____________________	☐	☐
4. Do you use sunblock? ☐Daily ☐Occasionally ☐Extended Outdoor Activities ☐Never		
5. Do you re-apply your sunblock? ☐Once a day ☐Every ___ hours ☐What SPF?__________		
6. Do you use a tanning bed? If yes, how often? ___________ Last visit ______________	☐	☐
7. Do you have any permanent makeup, implants or tattoos?	☐	☐
8. Have you taken Accutane or anticoagulants in the last 6 months?	☐	☐
9. Do you have any history of Keloid scarring? (thick scars)	☐	☐
10. Do you smoke?	☐	☐
11. Are you pregnant or trying to become pregnant?	☐	☐
12. Do you have any history of polycystic ovarian syndrome?	☐	☐

Have you ever had Skin Cancer/pre-cancer ☐yes ☐no If yes: type______________ location___________

Herpes ☐genital ☐oral (cold sores)

Please check if you are presently using any of the following: Indicate date of last use.

☐RetinA/Renova/tretinoin__________ ☐Hydroquinone/Bleachers _____________ ☐Accutane _________

Skin Problems: ☐NONE

☐sensitivity to heat or cold ☐cold sores/herpes on face ☐Sensitivity to touch ☐bruise easily

What procedures have you had done before? ☐NONE

☐IPL/Laser (what was treated) ____________________ ☐chemical peels ☐Botox ☐dermal filler

☐Microdermabrasion ☐electrolysis ☐cosmetic surgical procedures

Were the results satisfactory? ______ if no, please explain____

What concerns did you want to have addressed today

☐Pigment ☐sun damage ☐facial redness/veins/rosacea ☐acne or acne scarring ☐wrinkles

☐Loose skin ☐stretch marks ☐warts ☐Actinic Keratosis/precancerous lesion

☐Hair removal- Where?_____ Do you? ☐Shave ☐pluck ☐wax ☐Nair - how long ago? __________ ☐Other/not sure_________________

What area(s) do you want treated? ____

Family Doctors of Vicksburg, P.C.
Laser Skin Care

PLEASE CIRCLE THE CORRECT RESPONSE TO EACH QUESTION

	0	1	2	3	4
Eye color	Gray blue	Blue /green	Hazel/light brown	Dark brown	Black
Natural hair color	Red	Blonde	Dark blonde, brown	Dark brown	Black
Unexposed skin color	Reddish	Very pale	Pale with beige	Light brown	Dark brown
Freckles	Many	Several	Few	Incidental	None
How do you burn	Very painful	Blisters/peel	Sometimes burn/peel	Rarely burns	Never burn
Does your skin tan	Don't tan	Light tan	Reasonable tan	Tan easy	Dark brown
Last Sun exposure without sun block	> 3 months	2-3 months	1-2 months ago	< 1 month	<2 weeks
Is your face sensitive to sun	Very	A little	Normal	resistant	Not sensitive
How often is the area exposed to sun	Never	Hardly ever	Sometimes	Often	Always

FOR OFFICE USE ONLY. (Fitzpatrick scale 0-7=1 8-16=2 17-25=3 26-30= 4 over 30= 5-6)

Signature ________________________________**Relationship** __________________ **Date**_____________

13320 North Boulevard Street – Vicksburg, Michigan 49097 269-649-2012 fdvlaserskincare@gmail.com

Family Doctors of Vicksburg, P.C.

Laser Skin Care

Laser Skin Care Scheduling and Payment Policy

Scheduling

- We want to be able to keep our procedures affordable and our consultations free. Please help us do this by reading and following these policies.
- If you cannot keep a scheduled appointment, please notify the office within 48 hours. Appointments not cancelled within 48 hours may be subject to a $25 charge. Any NO SHOW appointment may be charged $50 at the discretion of this office. Exceptions may be made for emergency situations.
- Consultations are free.
- All pre-treatment instructions must be followed exactly as instructed or the procedure may have to be rescheduled. This may result in a charge to your account.
- For hair removal treatments, please shave PRIOR to your appointment.
- Please do not wear makeup to your consultation. We need to see your natural skin tone and texture.

Payment

- Payment in full is due on the day of treatment. Packages must be paid for at the first visit to receive a discount.
- We accept: Cash, Visa, MasterCard, Discover and Care Credit. If you would like information on Care Credit please ask any of our staff members. This is an interest free payment plan that can be used towards any medical expenses of $100 or more. WE DO NOT ACCEPT CHECKS.
- These procedures are considered cosmetic and therefore are not covered by insurance. Some flexible spending accounts will cover these expenses. We do not file insurance for any procedures unless we have verification from your insurance company that the procedure will be paid in full.
- All products are guaranteed 100%, if you are unhappy with the product for any reason just return it for a credit towards any other products or procedure.
- **Procedure results are not guaranteed.**
- **We do not offer cash refunds.** If you are unable to complete a procedure or package for any reason, you can apply any remaining credit to another package, procedure or product of equal value.

I have read, understand and agree to the above policies.

Patient Name: ____ DOB:____________________

Signature: ____ Date: ___________________