

## LUMINOUS MEDICAL AESTHETICS, LLC CLIENT PROFILE

Name \_\_\_\_\_ Allergies: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Contact/Relationship: \_\_\_\_\_

Referred By: \_\_\_\_\_ Occupation: \_\_\_\_\_

**History:/Areas of Concern: Please Circle**

Bleeding Disorder	Contact Lenses	Pigmentation Concerns	Slow Healing	Skin Cancer	Fainting Spells	Irregular Menses
Broken Capillaries	Slow Healing	Acne Concerns	Dermatologic Condition	Photo Allergic	Heart Condition	Psychiatry
Easy Bruising	Hormonal Issues/Thyroid	Keloid Scarring	Herpes I/II	Defibrillator	Pacemaker/Cardiac	Other:

Reason for Visit: \_\_\_\_\_

Are you under a doctor's care? YES/NO If Yes, why: \_\_\_\_\_

Are you pregnant or trying to conceive: YES/NO Are you lactating? YES/NO

Daily/Weekly Alcohol Intake: \_\_\_\_\_ Smoking History: \_\_\_\_\_

**Current Skin Regimen \*:**

\*Cleanser, Vitamin C, Toner, Exfoliates/Scrubs, Moisturizer, Bleaching Cream, SPF, Masks

Day: \_\_\_\_\_

Evening: \_\_\_\_\_

**Aesthetic History, Current & Potential Future Treatments**

Aesthetic Treatment *:	Past: (list date)	Current:	Under Consideration *:

\*Including: BOTOX Injections, Dermal Fillers, Laser Skin Rejuvenation (Photo Facials/Skin Tightening), Laser Hair Removal, Chemical Peels, Waxing, Dermal Planing, Hydra Facials, Microdermabrasion's, Facial Treatments

### Fitzpatrick Skin Assessment: Please Circle

Questions	0	1	2	3	4
Eye Color	Light Blue, Gray, or Green	Blue, Gray, or Green	Blue	Dark Brown	Black Brown
Natural Hair Color	Sandy Red	Blonde	Chestnut, Dark Blonde	Dark Brown	Black
Skin Color	Reddish	Very Pale	Pale with Beige Tint	Light Brown	Dark Brown
Freckles	Many	Several	Few	Very Few	None
What happens when you are exposed to the sun without sunblock?	Painful, Redness, Blistering, Peeling	Blistering followed by peeling	Burns sometimes, followed by peeling	Rarely burns	Never
How well do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easy	Turn dark very quickly
Do you turn brown within one day after sun exposure?	Never	Seldom	Normal	Very Resistant	Never had a problem
When did you last expose your skin to the sun, tanning bed, or self-tanning creams?	>3 mo.	2-3 mo.	1-2 mo.	<1 mo.	<2 wks.
Do you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always

I acknowledge that all above information is true and correct. I am aware of my responsibility to inform Luminous Medical Aesthetics (LMA) of any new medical or health conditions. I will not hold any members of LMA responsible for any errors of omission that I have made in the completion and updating of this form.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SKIN TYPE

## DETAILS

<b>I</b>	Pale, porcelain, or ivory skin 	Skin burns very easily and doesn't tan. Likely to have light blonde or red hair.
<b>II</b>	Fair, beige, or cream-colored 	Skin will usually burn in the sun, and has difficulty tanning.
<b>III</b>	Light brown, golden, or olive 	Skin will sometime burn and will tan gradually.
<b>IV</b>	Caramel or medium brown 	Skin will tan easily and rarely burn.
<b>V</b>	Bronze or rich brown skin 	Skin will tan without burning.
<b>VI</b>	Mahogany or dark brown 	Skin never burns and will tan very quickly.

Your Scoring:

0-7: I

8-16: II

17-25: III

25-30: IV

Over 30: V-VI