

### Rejuvenation For Her Intake Form

Name		Home phone	
Address		Work/Mobile Phone	
City		Province/State	
Zip Code		Date of birth	
Referred by		Gender	Male/ Female

#### Skin Type Assessment

Fitzpatrick skin type	I   II   III   IV   V   VI	Ethnicity
Degree of cellulite		
Measurements		Weight

#### Medical History

Pacemaker / defibrillator		Active skin infections (e.g. psoriasis, eczema)	
Metal implants		Skin disorders (e.g. keloids, abnormal wound healing)	
Current or history of skin cancer/ other cancer / pre-malignant moles		History of bleeding disorders / use of anticoagulants	
Severe concurrent medical conditions (e.g. cardiac distortions)		Use of medication / herbs inducing photosensitivity	
Pregnancy and nursing		Edema due to lymphatic drainage problem	
Impaired immune system		Varicose veins	

Disease stimulated by light (e.g. Lupus, Porphyria, Epilepsy)		Tattoo or permanent make up	
Diseases stimulated by heat (e.g. Herpes Simplex)		Tanned skin	
Endocrine disorders (e.g. diabetes, PCO)		Surgical procedures	
List any medications taken			
List any allergies			
Detail any medical conditions			

Progress Notes