

Carbon Laser Peel / Facial Treatment Client Medical History

Name: _____ Birth Date: ____/____/____ Age: _____
Address: _____ Sex: M /F
City: _____ Post Code: _____
Tel : Home: (_____) _____ Work: (_____) _____ Mobile: (_____) _____

Please put a check mark next to a current or previous medical condition or treatment:

Conditions that would affect the Superficial Carbon Facial Peel

- Port Wine Birth Mark
- Café Au Lait Birth Mark
- Facial Telangiectasias
- Pregnant (or still breast feeding)
- Keloid or very thick scarring
- Vitiligo
- Photodynamic Therapy (PDT) for treatment of cancer within last 6 months
- Herpes simplex (Cold Sores) within last week
- Facial Redness or Rosacea
- Current spots or facial blemishes
- Current Psoriasis (within last 2 weeks)
- Dark spots after pregnancy or after skin injury
- Treatment with Retinoids such as Accutane® in the last 6 months
- Chemical Peels, Dermabrasion, Laser Skin Resurfacing or Face Lift within last 12 weeks
- Facial Botox or Fillers within the last 12 weeks

Conditions that would affect both the Carbon Facial Peel & Long Term Rejuvenation

- Systemic Lupus Erythematosus (SLE) an auto-immune disease often referred to simply as "Lupus"
- Bleeding abnormalities
- Blood thinning medication
(except low dose Aspirin of 75mg or less per day)
- Implants directly under the treatment area

Conditions affecting the Longer Term Rejuvenation

- Chemotherapy/Radiotherapy within last 6 months
- HIV
- Hepatitis
- Thyroid Disease
- Diabetes
- Transplant Anti-Rejection Drugs
- Any other disease affecting the immune system
- Currently being treated for an infection
or inflammatory condition

Please list any other medications or herbal supplements that you are currently taking:

Client Signature

Date