IPL Client Medical History Information

Address:	Name: Birth Da	ate://	Age:
City:			Sex: M / F
Home: ()			
Emergency Contact:			_)
Allergies: How did you hear about us? Please put a check mark next to a past or current medical condition or treatment: Medical History: Lupus or other auto-immune deficiency Pregnant Graves Disease (Hyperthyroidism) Hashimoto's Disease (Hypothyroidism) and/or Treatment with Thyroxine Bleeding abnormalities Blood thinning medication (except low dose Aspirin) Keloid or very thick scarring Psoriasis or Vitiligo Pulmonary embolism/blood clot Leg ulcer or Phlebitis Rheumatoid Arthritis "Gold" Therapy Photodynamic Therapy (PDT) within last 3 months Chemotherapy or Radiotherapy within the last 3 months Chemotherapy or Radiotherapy within the last 3 months Waxing/Plucking/Electrolysis within last weeks Transplant Anti-Rejection Drugs Treatment with Accutane® in the last 6 in the last 6 in the last 2 months	E-mail:		
Please put a check mark next to a past or current medical condition or treatment: Medical History: Lupus or other auto-immune deficiency Pregnant Graves Disease (Hyperthyroidism) Hashimoto's Disease (Hypothyroidism) and/or Treatment with Thyroxine Bleeding abnormalities Blood thinning medication (except low dose Aspirin) Keloid or very thick scarring Psoriasis or Vitiligo Pulmonary embolism/blood clot Leg ulcer or Phlebitis Rheumatoid Arthritis "Gold" Therapy Photodynamic Therapy (PDT) within last 3 months Chemotherapy or Radiotherapy within the last 3 months Chemotherapy or Radiotherapy within the last 3 months Waring/Plucking/Electrolysis within last weeks Hirsutism / Polycystic Ovarian Syndrome Transplant Anti-Rejection Drugs Treatment with Accutane® in the last 6 in the last 6 in the last 2 months	Emergency Contact:	Telephone: ()	
Please put a check mark next to a past or current medical condition or treatment: Medical History: Lupus or other auto-immune deficiency Pregnant Graves Disease (Hyperthyroidism) Hashimoto's Disease (Hypothyroidism) and/or Treatment with Thyroxine Bleeding abnormalities Blood thinning medication (except low dose Aspirin) Keloid or very thick scarring Psoriasis or Vitiligo Pulmonary embolism/blood clot Leg ulcer or Phlebitis Rheumatoid Arthritis "Gold" Therapy Photodynamic Therapy (PDT) within last 3 months Chemotherapy or Radiotherapy within the last 3 months Chemotherapy or Radiotherapy within the last 3 months Waring/Plucking/Electrolysis within last weeks Hirsutism / Polycystic Ovarian Syndrome Transplant Anti-Rejection Drugs Treatment with Accutane® in the last 6 in the last 6 in the last 2 months	Allergies:		
Medical History: Lupus or other auto-immune deficiency Pregnant Graves Disease (Hyperthyroidism) Hashimoto's Disease (Hypothyroidism) and/or Treatment with Thyroxine Bleeding abnormalities Blood thinning medication (except low dose Aspirin) Keloid or very thick scarring Psoriasis or Vitiligo Pulmonary embolism/blood clot Leg ulcer or Phlebitis Rheumatoid Arthritis "Gold" Therapy Photodynamic Therapy (PDT) within last 3 months Chemotherapy or Radiotherapy within the last 3 months Herpes simplex (Cold Sores) or fever bli Diabetes Epilepsy Scars that turn white or brown Dark spots after pregnancy or after skin HIV Hepatitis Waxing/Plucking/Electrolysis within last weeks Hirsutism / Polycystic Ovarian Syndrome Transplant Anti-Rejection Drugs Treatment with Accutane® in the last 6 in Resurfacing or Face Lift Botox and/or Fillers in the treatment are within the last 2 months			
Medical History: Lupus or other auto-immune deficiency Pregnant Graves Disease (Hyperthyroidism) Hashimoto's Disease (Hypothyroidism) and/or Treatment with Thyroxine Bleeding abnormalities Blood thinning medication (except low dose Aspirin) Keloid or very thick scarring Psoriasis or Vitiligo Pulmonary embolism/blood clot Leg ulcer or Phlebitis Rheumatoid Arthritis "Gold" Therapy Photodynamic Therapy (PDT) within last 3 months Chemotherapy or Radiotherapy within the last 3 months Herpes simplex (Cold Sores) or fever bli Diabetes Epilepsy Scars that turn white or brown Dark spots after pregnancy or after skin HIV Hepatitis Waxing/Plucking/Electrolysis within last weeks Hirsutism / Polycystic Ovarian Syndrome Transplant Anti-Rejection Drugs Treatment with Accutane® in the last 6 in Resurfacing or Face Lift Botox and/or Fillers in the treatment are within the last 2 months	Please put a check mark next to a past or current medica	al condition or treatment:	
Lupus or other auto-immune deficiency Pregnant Graves Disease (Hyperthyroidism) Hashimoto's Disease (Hypothyroidism) and/or Treatment with Thyroxine Bleeding abnormalities Blood thinning medication (except low dose Aspirin) Keloid or very thick scarring Psoriasis or Vitiligo Pulmonary embolism/blood clot Leg ulcer or Phlebitis Rheumatoid Arthritis "Gold" Therapy Photodynamic Therapy (PDT) within last 3 months Chemotherapy or Radiotherapy within the last 3 months Chemotherapy or Radiotherapy within the last 3 months The last 2 months Herpes simplex (Cold Sores) or fever bli Diabetes Epilepsy Scars that turn white or brown Dark spots after pregnancy or after skin HIV Hepatitis Waxing/Plucking/Electrolysis within last Weeks Hirsutism / Polycystic Ovarian Syndrome Transplant Anti-Rejection Drugs Treatment with Accutane® in the last 6 in the last 6 in the last 2 months			
Please list any other medications or herbal supplements that you are currently taking:	Pregnant Graves Disease (Hyperthyroidism) Hashimoto's Disease (Hypothyroidism) and/or Treatment with Thyroxine Bleeding abnormalities Blood thinning medication (except low dose Aspirin) Keloid or very thick scarring Psoriasis or Vitiligo Pulmonary embolism/blood clot Leg ulcer or Phlebitis Rheumatoid Arthritis "Gold" Therapy Photodynamic Therapy (PDT) within last 3 months	Diabetes Epilepsy Scars that turn white Dark spots after pred HIV Hepatitis Waxing/Plucking/Ele weeks Hirsutism / Polycysti Transplant Anti-Reje Treatment with Accu Chemical Peels, Der Resurfacing or Face Botox and/or Fillers in	or brown gnancy or after skin injury ectrolysis within last 6 c Ovarian Syndrome ection Drugs itane® in the last 6 months rmabrasion, Laser Skin Lift in the treatment area
	Please list any other medications or herbal supplem	ents that you are currently	taking:
Client Signature Date	Client Signature	 Date	