



# SHARPLIGHT

medical health history & skin care profile

## CLIENT INFORMATION

Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Post Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

## MEDICAL HISTORY — PLEASE INDICATE ANY THAT APPLY

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Pregnancy             | <input type="checkbox"/> Heart condition     | <input type="checkbox"/> Pacemaker             | <input type="checkbox"/> Diabetes          |
| <input type="checkbox"/> Epilepsy              | <input type="checkbox"/> Keloid scarring     | <input type="checkbox"/> Active skin infection | <input type="checkbox"/> Cold sores/Herpes |
| <input type="checkbox"/> Autoimmune disease    | <input type="checkbox"/> Skin cancer         | <input type="checkbox"/> Eczema/Psoriasis      | <input type="checkbox"/> Hormonal therapy  |
| <input type="checkbox"/> Photosensitivity      | <input type="checkbox"/> Recent sun exposure | <input type="checkbox"/> Tanning bed use       | <input type="checkbox"/> Self-tanner       |
| <input type="checkbox"/> Accutane (last 12 mo) | <input type="checkbox"/> Blood thinners      | <input type="checkbox"/> Botox/Fillers         | <input type="checkbox"/> Permanent makeup  |

## SKIN CARE PROFILE

Have you had laser hair removal, IPL, or photofacial before?  Yes  No  
*If yes, please specify:* \_\_\_\_\_

Are you currently using retinol, AHA/BHA, or hydroquinone?  Yes  No  
*If yes, please specify:* \_\_\_\_\_

Have you had a recent chemical peel or microdermabrasion?  Yes  No  
*If yes, please specify:* \_\_\_\_\_

Do you bruise or scar easily?  Yes  No  
*If yes, please specify:* \_\_\_\_\_

Have you tanned in the last 4 weeks (sun, bed, or self-tanner)?  Yes  No  
*If yes, please specify:* \_\_\_\_\_

I confirm the information above is accurate and complete. I agree to inform LINS LUXE LASER of any changes to my health prior to future treatments.

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Date*