

Women's Care Center of Memphis, M PLLC

Consultation Form

FOR THE LIGHT BASED AND LASER PROCEDURES

Name: _____ Birth Date: ___/___/___ Age: ___ Sex: M / F
Address: _____ City: _____ State: ___ Zip Code _____
Phone: Home () _____ Work () _____ Cell () _____ E-mail: _____
Emergency Contact: _____ Relationship: _____ Phone: () _____
How did you hear about Women's Care Center of Memphis? _____

Treatment Area: _____ Fitz. Skin Type: I II III IV V VI
Allergies: _____
Pregnant ___ Yes ___ No Do you plan to become pregnant? ___ Yes ___ No

What medications or herbal supplements you are currently taking?: _____

Please check the procedure(s) about which you would like to receive more information:

Facial Therapies:

- Botox to Flatten and Prevent Wrinkles
- Collagen Augmentation
- Wrinkles and Sun Damage

Laser Treatments:

- Hair Reduction
- Brown Spots
- Facial Redness
- Spider Veins/Leg Veins
- Broken Capillaries
- Shaving bumps/ingrown hair

Please check any of the following that apply to you:

Past or current treatments or therapies:

- Previous Laser Treatments
- Hair Removal
- Waxing, Plucking, Electrolysis
- Tattoos/Permanent Makeup
- Chemical Peels, Dermabrasion, Laser Resurfacing or Face Lift
- Fillers, Botox, etc.
- Recent Sun Exposure

Medical History:

- Lupus or other auto-immune deficiency(A)
- Bleeding abnormalities(A)
- Treatment with Accutane in the last 6 mo.(A)
- Keloid or very thick scarring(A)
- Psoriasis or Vitiligo(A)
- Rheumatoid Arthritis "Gold" Therapy(A)
- Herpes Simples or fever blisters(A)
- Diabetes(A)
- Epilepsy(A)
- HIV(A)
- Hepatitis(A)
- Scars that turn white or brown(A)
- Dark spots after pregnancy, skin injury(A)
- Pacemaker/Defibrillator(A)
- Implants/Surgeries in treatment area(A)
- Decreased sensation/numbness in treatment area(A)
- Pulmonary embolism/blood clot(V)
- Leg ulcer or Phlebitis(V)
- Blood thinning medication(V)
- Hirsutism(HR)
- Transplant Anti-Rejection Drugs(HR)

Patient Signature

Date

Consultant's Checklist:

- Benefits of procedure discussed
 - Contraindications reviewed
 - Risks reviewed
 - Probability of success reviewed
 - Available alternative procedures discussed
 - Consent signed
 - Verbal and written post-treatment instructions given to patient
 - Pre-op photos taken
- Appointment scheduled: Date: ___/___/___

Comments:

Signature of Consultant: _____

Name _____

Date _____

Please answer the following questions by circling the number which best describes you. Your clinician will total the score during the consultation.

My ethnic origin is closest to:
(check one)

| | |
|---|--|
| I. Very fair (Celtic and Scandinavian) | |
| II. Fair-skinned Caucasians with light hair and light eyes | |
| III. Pale-skinned Caucasians with dark hair and dark eyes | |
| IV. Olive-skinned (Mediterranean, some Asian, some Hispanic) | |
| V. Dark-skinned (Middle Eastern, Hispanic, Asians, some Africans) | |
| VI. Very dark-skinned (African) | |

My eye color is:

| | |
|-------------------|---|
| Light blue | 0 |
| Blue/green | 1 |
| Green/gray/golden | 2 |
| Hazel/light brown | 3 |
| Brown | 4 |

My natural hair color at age 18 was:

| | |
|-------------|---|
| Red | 0 |
| Blonde | 1 |
| Light brown | 2 |
| Dark brown | 3 |
| Black | 4 |

The color of my skin that is not normally exposed to sun is:

| | |
|------------------------|---|
| Pink to reddish | 0 |
| Very pale | 1 |
| Pale with a beige tint | 2 |
| Light brown | 3 |
| Medium to dark brown | 4 |
| Dark brown-black | 6 |

If I go out into the sun for an hour or so without sunscreen and have not been out in the sun for weeks, my skin will:

| | |
|--|---|
| Burn, blister and peel | 0 |
| Burn, but little or no color change when the burn resolves | 1 |
| Burn, but turn tan in a few days | 2 |
| Get pink, but turn to tan quickly | 3 |
| Just tan | 4 |
| Just gets darker | 5 |
| My skin color is so dark, I cannot tell | 6 |

When was the last time the area to be treated was exposed to natural sunlight, tanning booths or artificial tanning cream?

| | |
|---------------------------|---|
| Longer than one month ago | 0 |
| Within the past month | 1 |
| Within the past two weeks | 3 |
| Within the past week | 4 |

Total Score

| If your score is: | Your skin type is: | Notes: |
|-------------------|--------------------|--------|
| 0-3 | I | |
| 4-7 | II | |
| 8-11 | III | |
| 12-15 | IV | |
| 16-19 | V | |
| 20-24 | VI | |