

## New Laser / IPL Client Physician Visit

Name: \_\_\_\_\_ Pronouns \_\_\_\_\_ Today's Date \_\_\_\_\_

Compliant:  Unwanted Hair  Tattoo Removal  Vascular Lesion  Rejuvenation

Ethnicity: \_\_\_\_\_ Age: \_\_\_\_\_

Relevant Past Medical History: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Intake Form reviewed

Client on no photosensitizing medications

Client is not on Accutane

Client is not on blood thinning agents (Coumadin, Warfarin)

Client is not insulin-dependent diabetic

Client is not pregnant nor breastfeeding

Client has not experienced prolonged (>15 minute) exposure to the sun within the last two weeks  
**without the use of sunscreen**

### Limited Physical Examination

\_\_\_\_\_  
\_\_\_\_\_

Known allergies: \_\_\_\_\_

Fitzpatrick Skin Type:

Impression:  Client is medically appropriate for laser treatment

Client is **not** medically appropriate for laser treatment

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature \_\_\_\_\_

Physician's Signature \_\_\_\_\_