PERSONAL INFORMATION

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

Name	
Address	
Email	
Mobile Phone	
Home Phone	
Employer	
Work Address	
Work Phone	
Emergency Contact	
How did you hear about us?	

☐ Male ☐ Female

HEALTH INFORMATION

Are you currently under the care of a physician? ☐ Yes ☐ No

If yes, for what condition(s)?

Are you pregnant? ☐ Yes ☐ No

Doctor's name and telephone number

Please check any of the following you have been treated for:

- ☐ Hyperpigmentation
- ☐ Psoriasis
- ☐ Diabetes
- ☐ Photosensitivity
- ☐ Kidney problems
- ☐ Eczema
- ☐ Herpes, cold sores
- ☐ Hepatitis
- ☐ HIV
- ☐ Hyper/hypotension
- ☐ Acne
- ☐ Optic nerve atrophy or Leber's disease
- ☐ Inflammatory skin conditions
- ☐ Warts
- ☐ Autoimmune disorders
- ☐ Sarcoidosis
- ☐ Cancer
- ☐ G6PD deficiency
- ☐ Rosacea
- ☐ Keloids
- ☐ Thyroid dysfunction
- ☐ Epilepsy
- ☐ Pacemaker

Please list any cosmetic procedures you have had in the last 12 months:

FITZPATRICK SKIN TYPE EVALUATION

Please answer the questions below. Find the appropriate response to each of the items to arrive at a total score. This will confirm your skin type which will be reviewed at the time of consultation.

Total score

Fitzpatrick Type

Genetic Disposition

	0	1	2	3	4	#
Eye color	Light blue, gray, or green	Blue, gray, or green	Blue	Dark brown	Brownish black	
Hair color	Sandy red	Blonde	Chestnut/dark blonde	Dark brown	Black	
Skin color	Reddish	Very pale	Pale with beige tint	Light brown	Dark brown	
Freckles	Many	Several	Few	Incidental	None	
Total Score						

Reaction to Sun Exposure

	0	1	2	3	4	#
What happens when you stay in the sun too long?	Painful, redness, blistering, peeling	Blue, gray, or green	Blue	Dark brown	Brownish black	
To what degree do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easy	Turn dark brown quickly	
Do you turn brown within several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always	
How does your face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem	
Total Score						

Tanning Habits

	0	1	2	3	4	#
When did you last expose your body to sun (or artificial sunlamp/tanning cream)?	Over 3 months ago	2–3 months ago	1–2 months ago	Less than a month ago	Less than 2 weeks ago	
Do you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always	
Total Score						

TOTAL SCORE	0-7	8-16	17-25	26-30	Over 30
FITZ. TYPE	1	2	3	4	5-6

SKIN INFORMATION

	DAILY SKIN ROUTINE
AM	
PM	

On a scale of 1–10, how do you feel about your skin?			
What is your ethnic background?			
Mother's heritage			
Father's heritage			
Do you work outdoors?	☐ Frequently	☐ Occasionally	☐ Rarely
Do you burn from sun exposure?	☐ Frequently	☐ Occasionally	☐ Rarely
Do you use tanning beds?	☐ Frequently	☐ Occasionally	☐ Rarely
Do you wear sunscreen?	☐ Frequently	☐ Occasionally	☐ Rarely

Do you take or use any of the following? If so, how long and when was it last used?

- ☐ Accutane
- ☐ Hydrocortisone
- ☐ Retin A or Retinol
- ☐ Renova
- ☐ Oral Antibiotics

Last used

Have you ever had a reaction or allergy to:

- ☐ Topical Antibiotics
- ☐ Hydrocortisone
- ☐ Sulfur
- ☐ Latex
- ☐ Lidocaine
- ☐ Tape

What is the most important improvement you would like to see in your skin?

PRIVACY POLICY

Courted is committed to protecting and respecting your privacy, and we'll only use your personal information to administer your account and to provide the products and services you requested from us. From time to time, we would like to contact you about our products and services, as well as other content that may be of interest to you, unless you notify us in writing that you do not want us to contact you by e-mail or text message. You can unsubscribe from our electronic communications at any time. For more information on our privacy practices, please review our Privacy Policy which is incorporated here by reference.

By signing, I understand the information I have provided above is true and correct. I also understand that all information stated is strictly confidential and will not be shared outside of this facility due to HIPAA regulations.

Signature

Date