



**HEALTH HISTORY**

To ensure both the effectiveness and the safety of your treatment, please complete this health history as accurately as you can.

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Date \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Sex: \_\_\_ Female \_\_\_ Male

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_ Other \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear of us? Google Yahoo Dallas Voice Existing Patient Other \_\_\_\_\_

**I AM INTERESTED IN:** (Please check all that apply)

- HAIR REMOVAL
- SKIN REJUVENATION
- SKIN CARE ADVICE / PRODUCTS
- SKIN TIGHTENING
- ACNE SCAR TREATMENT
- MICRODERMABRASION/CHEMICAL PEELS
- ROSACEA TREATMENT
- SUN DAMAGE / AGE SPOTS
- FACIAL VEIN TREATMENTS
- ACNE TREATMENTS
- LASER LEG VEIN TREATMENTS
- TEETH WHITENING
- CELLULITE TREATMENT
- PHOTOFACIAL
- FAT/VOLUME REDUCTION
- OTHER, PLEASE SPECIFY \_\_\_\_\_

**DO YOU USE SUNSCREEN**  YES  NO IF YES, SPF # AND BRAND \_\_\_\_\_

**WHEN YOU SUNBATHE, HOW DOES YOUR SKIN RESPOND?**

- ALWAYS BURN, NEVER TAN
- USUALLY BURN, TAN WITH DIFFICULTY
- SOMETIMES BURN, TAN ABOUT AVERAGE
- ALMOST NEVER BURN, TAN VERY EASILY
- RARELY BURN, TAN EASILY
- NEVER BURN, ALWAYS TAN

**MEDICAL HISTORY** (Please circle your answer)

ACUTANE	YES	NO	HEPATITIS	YES	NO
ACNE	YES	NO	HIRSUTISM	YES	NO
ALLERGIES (drug or latex)	YES	NO	HIGH BLOOD PRESSURE	YES	NO
ARTHRITIS	YES	NO	HIV POSITIVE	YES	NO
AUTOIMMUNE DISORDER	YES	NO	KELOID SCARS (other scars)	YES	NO
BLOOD DISORDERS	YES	NO	KIDNEY DISEASE	YES	NO
CANCER (radiation therapy)	YES	NO	METAL PINS IN BODY	YES	NO
COLD SORES	YES	NO	MELANOMA	YES	NO
CONTACT LENSES	YES	NO	PACEMAKER	YES	NO
DERMATITIS/ECZEMA	YES	NO	RETIN A	YES	NO
DIABETES	YES	NO	PCOS (polycystic ovarian)	YES	NO
EPILEPSY	YES	NO	SKIN PIGMENTATION	YES	NO
GENETIAL HERPES	YES	NO	STD'S	YES	NO
HORMONAL IMBALANCE	YES	NO	Steroid or Hormonal Therapy	YES	NO
HEART CONDITION	YES	NO	SHINGLES	YES	NO
HEMOPHILIA	YES	NO	VITILIGO	YES	NO

Please Initial \_\_\_\_\_  
Please fill out other side.

**ADDITIONAL QUESTIONS:**

1. ARE YOU CURRENTLY BEING TREATED FOR ANY CONDITIONS NOT LISTED? **YES NO** IF YES, PLEASE SPECIFY.

\_\_\_\_\_

2. ARE YOU CURRENTLY TAKING ANY MEDICATIONS, INCLUDING HERBAL PREPARATIONS, OR MEDICAL PATCHES? **YES NO** IF YES, PLEASE SPECIFY.

\_\_\_\_\_

3. DO YOU HAVE ANY ALLERGIES? **YES NO** IF YES, PLEASE SPECIFY.

\_\_\_\_\_

4. HAVE YOU EVER USED (OR ARE CURRENTLY USING) RETIN A OR GLYCOLIC ACID? **YES NO** IF YES, PLEASE SPECIFY.

\_\_\_\_\_

5. HAVE YOU EVER USED (OR ARE CURRENTLY USING) ACCUTANE? **YES NO** IF YES, PLEASE SPECIFY WHEN.

\_\_\_\_\_

6. HAVE YOU EVER HAD A CHEMICAL PEEL? **YES NO** IF YES, PLEASE SPECIFY.

\_\_\_\_\_

7. HAVE YOU HAD ANY LASER TREATMENTS? **YES NO** IF YES, PLEASE SPECIFY.

\_\_\_\_\_

8. WHAT PRODUCTS ARE YOU CURRENTLY USING ON YOUR SKIN?

\_\_\_\_\_

9. DO YOU HAVE ANY DENTAL OR ACRYLIC IMPLANTS, CROWNS OR BRIDGEWORK? **YES NO** IF YES, PLEASE SPECIFY.

\_\_\_\_\_

10. DO YOU HAVE ANY TATTOOS OR PERMANENT MAKEUP IN THE AREA TO BE TREATED? **YES NO** IF YES, PLEASE SPECIFY.

\_\_\_\_\_

11. DO YOU HAVE A PACEMAKER? **YES NO**

12. HAVE YOU EVER BEEN TREATED BY AN ENDOCRINOLOGIST (HORMONE IMBALANCE)? **YES NO** IF YES, PLEASE SPECIFY.

\_\_\_\_\_

13. DO YOU SUNBATHE OR USE SELF TANNING LOTIONS OR USE TANNING BEDS? **YES NO** IF SO, THEN HOW OFTEN?

\_\_\_\_\_

14. HAVE YOU EVER HAD GOLD THERAPY (USED FOR RHEUMATOID ARTHRITIS) **YES NO**

15. ARE YOU CURRENTLY PREGNANT OR TRYING TO GET PREGNANT? **YES NO YOU MUST INFORM US IF YOU BECOME PREGNANT DURING TREATMENTS.**

16. HAVE YOU HAD RESTYLANE, PERLANE, HYLAFORM OR BOTOX INJECTIONS IN THE AREA TO BE TREATED? **YES NO** IF YES, PLEASE SPECIFY.

\_\_\_\_\_

17. DO YOU HAVE ANY PARTICULAR SKIN SENSITIVITIES? **YES NO** IF YES, PLEASE SPECIFY.

\_\_\_\_\_

**How soon would you like to begin treatments?**                      Very Soon                      Near Future                      Today if Possible

Please sign below to indicate all the information on this for is accurate and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_



Patient Name: \_\_\_\_\_

Procedure: Photodynamic Therapy with Levulan  
Device: ClearLight 420 nm light device  
Alma Harmony 540 nm AFT pulsed light device

(Please initial)

\_\_\_\_\_ I understand that I am being treated for acne with topical aminolevulinic acid (Levulan) and light therapy (ClearLight). Individual responses may vary, and I understand that my response to treatment has not been guaranteed.

\_\_\_\_\_ I understand that during treatment I may experience sensations of heat or warmth, tingling, or burning. Following treatment, I have been informed that I will experience redness similar to a sunburn, along with possible flaking, peeling, crusting, swelling or blistering. Although these side effects are temporary, I agree to call this office if more severe or worrisome reactions occur.

\_\_\_\_\_ I understand in the treatment of acne, that the acne may temporarily worsen following initial treatment, and that this response will resolve with subsequent treatments.

\_\_\_\_\_ I understand that a recent exposure to sun or tanning beds (within 1 week) will increase my sensitivity during treatment and may lead to adverse outcomes. I agree that I have avoided sun or tanning bed exposure for at least 1 week prior to treatment and will **avoid any sun exposure and bright indoor light for at least 48 hours post treatment.** I understand that it is my responsibility to advise this office of my most recent exposure before each treatment is performed.

\_\_\_\_\_ I understand that the use of topical retinoids (Retin-A, Differin, Tazorac, tretinoin, etc.) will influence the skin's response to treatment. I have not used such products for a period of 1 week prior to treatment.

\_\_\_\_\_ I have not used Accutane for at least 3 months prior to treatment.

\_\_\_\_\_ I am currently not pregnant or lactating.

\_\_\_\_\_ I understand that Levulan will be applied to my skin for 30-90 minutes. Subsequently, the area will be treated with a specific wavelength of light to activate the Levulan.

\_\_\_\_\_ I understand that following my treatment I must wash off any Levulan on my skin and apply a sunblock of SPF 30 or higher.

\_\_\_\_\_ **I understand that I must avoid contact with sunlight and bright indoor lights for 48 hours after my treatment with Levulan, due to extreme photosensitivity.**

\_\_\_\_\_ I understand that my treatment is considered cosmetic and will not be covered by insurance.

\_\_\_\_\_ I understand the estimated number of treatments and associated fees have been discussed with me and I understand that the number of required treatments may sometimes exceed this number.

**ACKNOWLEDGEMENT**

I understand that I release Advanced Skin Fitness and its associates, the Medical Director, the technician performing services, and any other person involved in my treatment from any liability associated with complications from the laser procedure. I am aware that Advanced Skin Fitness has a 24 hour cancellation policy. Similarly, I will be charged \$75 for any broken appointment without 24 hour cancellation. I understand that all procedures are priced per treatment unless purchased as a package. I understand that no guarantees can be made and all payments are non-refundable. By my signature below, I certify that I have read and fully understand the contents of this permission and authorize the performance Skin Rejuvenation/Chemical Peels by the staff of Advanced Skin Fitness.

Patient or legal guardian signature and date \_\_\_\_\_

Witness signature and date \_\_\_\_\_



## Credit Card Charge Authorization Agreement

We request the courtesy of a 24 hour notice in the event an appointment needs to be cancelled or rescheduled. A \$75 no show fee for facial treatments and a \$100 no show fee for laser treatments will apply in the event advanced cancellation notice is not given. Appointments booked same day of service will be assessed a no show fee should cancellation become necessary. For treatments that are pre-paid, the pre-paid treatment will be forfeited without 24 hour notice of cancellation. Thank you for your cooperation.

I, \_\_\_\_\_,

hereby authorize Advanced Skin Fitness to charge my credit card used for my treatments in the amount of \$75 for a missed facial treatment or \$100 for a missed laser treatment.

I have read this entire agreement and understand that I will be held fully responsible for its terms and charges. I agree not to chargeback Advanced Skin Fitness, as long as I receive the services that are entitled to me and guidelines are followed for my rescheduling and cancellation of appointments. Twenty-four hour notice is required for all rescheduling and cancellations.

Name On Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **Home Care Instructions For Photodynamic Skin Rejuvenation (ALA/PDT)**

### **GET READY:**

- After your treatment you will need to stay out of direct sun for at least 1-2 days and prolonged sun exposure for at least 3-4 weeks.
- Rent some movies to watch following your treatment.
- If you have friends doing the same treatment, it is helpful to socialize together following your treatment.
- If you are having your face treated, be sure to bring a large hat, or something to block the sun on your trip home following your treatment.
- Have white vinegar and a spray bottle of water available – helps reduce any stinging sensation (like a sun burn) you might have following the treatment. Mix 1 teaspoon of white vinegar in a small spray bottle of water.
- Get your prescription for Valtrex filled if you have a history of cold sores.

### **DAY OF TREATMENT:**

- If you have a history of recurring cold sores (Herpes simplex type I), the morning of your treatment start oral Valtrex 500mg tablets, two tablets per day for three days.
- Bring a large hat, cap, scarf or umbrella to your appointment.
- If possible, try to arrive without make-up. When you arrive, the area to be treated will be thoroughly cleansed. If needed, the area to be treated might be given a microdermabrasion treatment prior to the application of Levulan. This will be followed by an aggressive acetone scrub.
- The Levulan will be applied and left on until the agreed upon time for the light treatment. This is a good time to take an analgesic such as Advil or Tylenol.
- If the light treatment is IPL the Levulan will be washed off, if the light treatment is the ClearLight, the Levulan will be washed off after the light treatment.
- Once the light treatment is finished you may appear pink or red.
- Cover your face as much as possible on the drive home. Once home remain indoors and avoid direct sunlight as much as possible.
- Take analgesics as necessary.
- Cool the treated area with your spray bottle of water/vinegar mixture (stored in the refrigerator). If additional cooling is necessary, spray treated area and position yourself in front of a circulating fan.

- If the treated area still stings, add 1-2 teaspoons of white vinegar to 1 cup of cold water and soak the affected area for 20 minutes. You may apply frozen vegetables or ice packs over the soak for additional comfort. Repeat if necessary every 4 hours. Be sure to cleanse the area with the Cleanser and repeat the post cleansing protocol.

## DAY 2

- We will call you today. Hopefully you are red and look somewhat like a tomato.
- You may be swollen especially around the eyes and lips. Spraying cold water and using a circulating fan feels great. Frozen peas or corn over wet wash cloths can be used if necessary to reduce swelling and improve comfort.
- If the treated area should continue to itch, apply thin layer of Hydrocortisone 1% ointment or Benedryl. Try to avoid scratching the treated area.
- You may take a shower and gently cleanse the treated area.
- Take analgesics as necessary.
- Avoid sunlight and remain indoors. Watch movies.

## DAY 3

- You may start peeling on day 3 or day 4. Do NOT peel off loose tissue, let it come off naturally.

## DAY 4-7

- Many patients start peeling on day 4.
- Once you start aggressively peeling you may steam your treated area at home. Steaming the area helps gently lift the dead skin off and leaves your new skin soft and hydrated. Sweating from exercise also helps you finish the peeling process sooner.
- You may begin applying make-up once any crusting has flaked off. The area may continue to “flake” a little or be slightly red for a few weeks because of the fresh new skin.
- During this healing period it is very important to protect your new skin. We recommend applying **SPF 30 broad-spectrum sunblock**. This protocol reduces the redness, calms the skin and gives additional sun-block protection.
- Once you have peeled or nearly peeled, call our office to make an appointment for post peel pictures.
- If you have any problems or concerns, please call our office at 214.521.5277. If you reach our after-hours answering service tell them you have an emergency and they will contact William A. Moore immediately. We want to assist you.

I have reviewed the home care instructions for **Photodynamic Skin Rejuvenation with Levulan (ALA/PDT)** and all my questions have been answered.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_