



LASER SERVICES

PRE - TREATMENT QUESTIONNAIRE

PATIENT NAME: _____

LASER TREATMENT: ____/____/____ BODY AREA TO BE TREATED: _____

HAVE YOU BEEN TANNING OR HAD ANY SIGNIFICANT SUN EXPOSURE IN THE
LAST 7 DAYS? Y N

DO YOU HAVE PERMANENT COSMETICS OR TATTOOS ? Y N

ARE YOU WEARING ANY LOTIONS, OILS, COSMETICS OR DEODORANTS?
[IN AREA BEING TREATED] Y N

ARE YOU ON ANY MEDICATIONS WHICH MAY CAUSE SUN SENSITIVITIES?
IF YES, PLEASE LIST: _____ Y N

HAVE YOU STARTED ANY NEW MEDICATIONS / SUPPLEMENTS SINCE YOUR
LAST VISIT? IF YES, PLEASE LIST: _____ Y N

HAVE YOU TAKEN ACCUTANE WITHIN THE LAST 6 MONTHS? Y N

ARE YOU PRONE TO COLD SORES? IF YES, ARE YOU TAKING AN ANTI-VIRAL
MEDICATION? _____ Y N

HAVE YOU TWEEZED OR WAXED YOUR HAIR IN THE LAST 6 WEEKS?
[ONLY FOR LASER HAIR REMOVAL] Y N

ARE YOU USING ANY PRODUCTS CONTAINING GLYCOLIC, SALICYLIC, LACTIC,
OR ANY ALPHA HYDROXY ACIDS OR PRESCRIPTION TRETINOIN? Y N

HAVE YOU TAKEN ANY ASPIRIN WITHIN THE LAST 10 DAYS? Y N

**I HAVE ANSWERED THESE QUESTIONS TRUTHFULLY & I AM AWARE IT IS MY RESPONSIBILITY
TO INFORM THE DOCTOR / LASER TECH / NURSE OF MY CURRENT MEDICAL OR HEALTH
CONDITIONS & TO UPDATE MY HISTORY.**

PATIENT SIGNATURE: _____ DATE: ____/____/____

Richard K. Green, MD., FACS | Virginia S. Huang, MD., FACS | Jane Namkung, MD.
13712 NE 10th Ave, Vancouver, WA 98685 | Office (360) 823-0860 | Fax (360) 828-1407
www.salmoncreekps.com