SKIN & VEIN CENTER
DERMATOLOGY · COSMETIC SURGERY · DERMSPA

Laser Hair Removal Questionnaire

Patient Name_____Date_____

1. What is the area(s) you are interested in treating?

[ ] Scalp	[ ] Neck	[ ] Bikini Line	[ ] Under Arms	[ ] Toes
[ ] Forehead	[ ] Chest	[ ] Buttocks	[ ] Lower Arms	[ ] Abdomen
[ ] Sideburns	[ ] Shoulders	[ ] Thighs	[ ] Upper Arms	[ ] Cheeks
[ ] Upper-lip	[ ] Calves	[ ] Hands	[ ] Fingers	[ ] Chest/Breasts
[ ] Chin	[ ] Back	[ ] Feet	[ ] Pubic Area	

2. Which method are you removing the hair you are interested in laser removal?

[ ] Tweezing [ ] Waxing [ ] Shaving [ ] Deplority [ ] Other

3. When was the last time you removed the unwanted hair by this method in that area?_____

4. How often? [ ] Everyday [ ] Once a Week [ ] Every Other Week [ ] Once a Month

5. Please check the one statement that best describes your skin at first sun exposure:

[ ] Always burned, never tan
[ ] Usually burn, tan with difficulty
[ ] Burn first and then tan
[ ] Sometimes burn, tan about average
[ ] Rarely burn, tan with ease
[ ] Never burn

6. When was your last sun exposure? Circle (Indoor or Outdoor)

[ ] One day ago [ ] One week ago [ ] One month ago

7. What level of sunscreen do you use on a regular basis on the area you wish to be treated?

[ ] None [ ] SPF15 [ ] SPF30 [ ] SPF45 [ ] Higher

8. Are you currently tanned in the area(s) you wish to have treated? [ ] Yes [ ] No

9. Have you ever had cold sores in the area(s) to be treated? [ ] Yes [ ] No

10. Have you been on Accutane in the past six months? [ ] Yes [ ] No

11. Do you take medications routinely? [ ] Yes [ ] No

If yes, please list all medications_____

12. What is your ethnic background (eg, German, French, Irish)_____

Patient Signature_____Date_____

Updated 01/2021

FENTON
305 N. Leroy St
Fenton MI, 48430
810-629-9200

STERLING HEIGHTS
44056 Mound Rd. Ste. 101
Sterling Heights, MI 48314
586-314-1400

LIVONIA
10984 Middlebelt Rd.
Livonia, MI 48150
734-762-0798