



Medical & Surgical Dermatology Center of NE Texas, P.A.

www.dermatologycenteroftx.com

LASER MEDICAL HISTORY

Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

Age: _____ Referred by: _____

Have you ever had the following?

Electrolysis: yes / no Where on body: _____

Diabetes: yes / no

Bleeding disorder(s): yes / no

Are you pregnant? yes / no

List all your allergies: _____

Please list all medications, herbs/herbal preparations, or vitamins you are taking now, or have taken within the past year:

What is your daily consumption of alcohol? _____

Skin type – when exposed to the sun *without protection* for about 1 hour my skin will:

- 1. always burns, never tans
- 2. always burns, sometimes tans
- 3. sometimes burns, sometimes tans
- 4. always tans
- 5. Hispanic, Asian, Mediterranean, Middle Eastern
- 6. Black

When were you last exposed to the sun (including tanning booth)? _____

Do you use chemical sun tanning lotions? yes / no

Are you planning a holiday in the sun? yes / no If so, where: _____

Reason for visit (area to be treated): _____

Prior treatment (if any): _____

PRICE QUOTED DURING VISIT: _____

Dr. Signature

ANTHONY V. GRECO, M.D.
Diplomate American Board of Dermatology