DRS. YOUNG & WOUTERS
CALGARY VEIN & LASER

Hair Removal Questionnaire

NAME:______________________________ DATE: ______________ Date of Birth (m/d/y) ______________

Sex: ❑ female ❑ male Height _______ Weight _______ Occupation ____________________________

1. Date of Last Menstrual Period ____________ # of Pregnancies:______ Are you pregnant? ❑ Yes ❑ No
2. Are you breastfeeding? ❑ Yes ❑ No
3. Area you would like treated: ____
4. Current hair removal method: ❑ Wax/sugar ❑ Tweeze ❑ Shave ❑ Electrolysis ❑ Depilatory
5. When did you last use these methods?______________ Frequency: ❑ Twice Daily ❑ Daily ❑ Weekly
6. Check below if you have had any of the following, and state year

❑ Tuberculosis	❑ Diabetes	❑ Hepatitis	❑ Cancer	❑ Arthritis
❑ Vitilego	❑ Facial Radiation	❑ High Blood Pressure	❑ Keloid Healing	❑ Heart Disease
❑ Artery Problems	❑ HIV	❑ AIDS	❑ Facial Surgery	❑ Lupus/Scleroderma
❑ Herpes (cold sores)	❑ Genital Herpes	❑ Skin Pigment	❑ Facial Resurfacing	❑ Collagen
❑ Hormonal Problems	❑ Thyroid Problems	❑ Facial Dermabrasion		

7. List any other medical problems from which you are suffering that has not been mentioned in #6.

8. List any family history of the above.

9. Check if you have used or are using any of the following products:

   ❑ Retin A ❑ Accutane ❑ Alpha Hydroxy Acids ❑ Facial Peels ❑ Bleaching Agents

10. List medications, vitamins and herbs you are currently taking.

11. List operations and any previous cosmetic surgery including year of surgery.

12. Do you smoke? ❑ Yes ❑ No How much per day? ______________________________
13. List any allergies to medication, food, environment, or skin care products.

14. How does your skin react to the sun?

   ❑ Always burns, never tans ❑ Always burns, sometimes tans ❑ Sometimes burns, always tans
   ❑ Rarely burns, always tans ❑ Moderately brown ❑ Black Skin

15. Are you currently tanning or have tanned in the past 4 weeks? ❑ Yes ❑ No