



Chrysalis Laser Center of Dallas
1910 La Prada Drive
Mesquite, TX 75150
(214) 755-1717

Medical History

- Please list all current and past medical conditions (Ex: heart disease, asthma, cancer, etc.) _____
- List any skin conditions that you have (past and present) _____
- Please list your medications, including any that you apply to your skin _____
- Are you using any retinol products, prescription or over the counter? _____
- Do you have any allergies to medications, including those applied to the skin? _____

Skin Type

- Which of the following best describes your skin type? (Please circle one type number)

- I Always burns, never tans
- II Always burns, sometimes tans
- III Sometimes burns, always tans
- IV Rarely burns, always tans
- V Brown, moderately pigmented skin
- VI Black Skin

Hair Type and Color

- Coarse Fine
- Black Brown Red Blonde Gray White

History

- Have you had sun exposure or tanning (including self tanning lotions or spray tan) in the past 4 weeks? _____
- Have you ever had laser hair removal? _____
- Have you used any of the following hair removal methods in the past 6 weeks?
Shaving Waxing Electrolysis Plucking Tweezing Threading
- Do you form thick or raised scars from cuts or burns? YES NO
- Do you have hyper-pigmentation (darkening of the skin) or hypo-pigmentation (lightening of the skin) or marks after physical trauma? If yes, please describe _____

