

Medical History

Pacemaker / Defibrillator		Active skin infection (e.g. psoriasis, eczema)	
Metal implants		Skin disorders (e.g. keloids, abnormal wound healing)	
Current or history of skin cancer/ other cancer/ pre-malignant moles		History of bleeding disorders	
Severe concurrent medical conditions (e.g. cardiac disorders)		Use of medication / herbs inducing photosensitivity	
Pregnancy and nursing		Facial laser resurfacing / deep chemical peel, last 3 months	
Impaired immune system		Needle epilation, waxing or tweezing, last 6 weeks	
Diseases stimulated by light (e.g. Lupus, Porphyria, Epilepsy)		Tattoo or permanent makeup	
Disease stimulated by heat (e.g. Herpes Simplex)		Tanned skin	
Endocrine disorders (e.g. diabetes, PCO)		Saphenous Insufficiency	
Surgical Procedures		Injections / fillers	
List any medications taken			
List any allergies			
Detail any medical condition			
Other considerations			

I agree that the above medical information is up to date and correct. I understand any changes in my medical condition or new medications must be updated during my time at ICA Beautiful You.

Patient Signature

Date