

OPUS PLASMA MEDICAL HISTORY FORM

Name: _____

Address: _____

Home Phone: _____ Work: _____ Cell: _____

Age: _____ Referred by: _____

Have you ever had the following?

- | | |
|---|---|
| <input type="checkbox"/> Current or history of cancer, especially malignant melanoma or recurrent non-melanoma skin cancer, or pre-cancerous lesions such as multiple dysplastic nevi | <input type="checkbox"/> Patient history of Hormonal or endocrine disorders, such as polycystic ovary syndrome or diabetes, unless under contro |
| <input type="checkbox"/> Any active infection | <input type="checkbox"/> History of bleeding coagulopathies, or use of anticoagulants |
| <input type="checkbox"/> Diseases which may be stimulated by light at 515 nm to 1200 nm, such as history of recurrent Herpes Simplex, Systemic | <input type="checkbox"/> History of keloid scarring |
| <input type="checkbox"/> Lupus Erythematosus, or Porphyria | <input type="checkbox"/> Very dry skin |
| <input type="checkbox"/> Use of photosensitive medication and/or herbs that may cause sensitivity to 515 - 1200 nm light exposure, such as Isotret- inoin, tetracycline, or St. John's Wort | <input type="checkbox"/> Exposure to sun or artificial tanning during the 3-4 weeks prior to treatment |
| <input type="checkbox"/> Immunosuppressive diseases, including AIDS and HIV infection, or use of immunosuppressive medications | Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Do you wear contact lenses? Yes No

What medications are you taking (including aspirin)? Please list:

Daily consumption of alcohol: _____

Allergies (Please list):

Are you taking any herbal preparations (ex. St. John'sWort, etc.)? Please list:

Skin type (when exposed to the sun without protection for about 1 hour)

- Always burns, never tans
- Always burns, sometimes tans
- Sometimes burns, sometimes tans
- Always tans

- Hispanic
- Asian
- Mediterranean
- Middle Eastern
- Black

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

Do you use chemical sun tanning lotions? Are you planning a vacation in the sun?

Reason for visit (area to be treated):

Prior treatment(s) (if any):

Client Signature: _____ Date: _____

Reviewed by: _____ Date: _____