MedSpa 1064
Suites at Somerset Square
140 Glastonbury Blvd.
Glastonbury, CT 06033
860.657.1064

MEDSPA 1064
CENTERS FOR COSMETIC LASER MEDICINE

Welcome to Medspa 1064, Connecticut's Premier Center for Cosmetic Laser Medicine

This form is to introduce you to our facility and to help us better serve you.
Please fill out the following:

Name _____Date of Birth ___/___/___

Address: _____

City/State/ Zip_____

Home Phone # ( ) _____Cell Phone # ( ) _____

Which # may we use to contact you? _____ Can we leave a message at this number? _____

Email: _____ Appointment Reminders ☐ Promotions ☐

Occupation: _____

How did you hear about us? Please be specific._____

May we speak with your spouse/significant other/family regarding your treatment? _____

Emergency Contact: _____#_____

Please advise any additional requests for privacy below:
_____

Your treatments at Medspa 1064 are reserved exclusively for you. Please kindly give us 24 hours notice before your scheduled appointment if you need to cancel or reschedule to avoid being charged a $50.00 facility fee.

Medspa 1064 is not responsible for lost or stolen articles, cancellations, changes in the schedule due to weather related events, equipment failure or factors which are beyond our control.

Dr. Janiszewski is a specialist in Esthetic Medicine and is Board Certified in Internal Medicine.

Signature: _____ _____
(Client/Parent or Guardian if patient is under 18) Date

Please print name if you are the Parent/Guardian_____

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PERSONAL PROFILE & MEDICAL HISTORY

Females: Are you pregnant? ☐ Yes ☐ No Are you breastfeeding? ☐ Yes ☐ No

Your genetic background affects your skin and its response to the laser. Please specify your ethnic origin:

☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic
☐ Mediterranean ☐ Middle Eastern ☐ Native American
☐ Other:_____

Complete the following items of medical history. Please, always inform us of any change in your medical history and/or medications.

Please list **all medications** including prescription and over the counter drugs, vitamins, herbs, *blood thinners*, *aspirin*, and/or supplements.

_____

Allergic to any medications? ☐ No ☐ Yes, please list: _____

Please check all that apply

☐ Acne
☐ Bleeding Disorders
☐ Burns/Skin Grafts
☐ Claustrophobia
☐ Seizures
☐ Shingles
☐ Skin Cancer
☐ Tattoos
☐ Gold Therapy
☐ Heart Disease
☐ Herpes
☐ High Blood Pressure
☐ Hirsutism
☐ Hormone Replacement Rx
☐ Cold Sores
☐ Diabetes
☐ Eczema
☐ Endocrine Disorders
☐ Epidermolysis Bullosa
☐ Polycystic Ovary Disease
☐ Port-Wine Stain
☐ Hepatitis
☐ Precocious Puberty
☐ Psoriasis
☐ Rosacea
☐ Implants
☐ Kaposi's Sarcoma
☐ Keloid Scars
☐ Lupus Erythematosus
☐ Thyroid Disease
☐ Vitiligo
☐ Permanent Makeup
☐ HIV/AIDS
☐ Other: _____

Surgeries: _____

Please list any other pertinent medical information.

PERSONAL PROFILE & MEDICAL HISTORY-Continued

1. Have you used Accutane in the last 6 months? Yes No
   a. If yes, how recently?_____
2. Are you currently using glycolic acid or Retin A? Yes No
3. What products are you currently using on your skin?

   a. Describe:_____

4. Do you have any active skin diseases or infections in the area to be treated? Yes No
5. Are you allergic to latex, lidocaine, or any lotions? Yes No
6. Have you had any permanent cosmetic tattooing to the area to be treated? Yes No
7. Do you have any metal or other implants? Where? Yes No
8. Have you had any previous laser treatment or other skin treatments to the area to be treated? Describe: Yes No
9. Are there any moles with hair in the area to be treated? Yes No
10. Do you have any history of skin breakouts? Yes No
11. Do you have any scarring as a result from your breakouts/acne? Yes No
12. Have you been exposed to the sun within the last four to six weeks? Yes No

    a. If yes, approximate date of last exposure_____/_____/_____

13. Do you use tanning beds? If yes, date of last use ____/____/____ Yes No
14. Do you burn easily in moderate sunlight? Yes No
15. Do you blush easily when nervous? Yes No
16. Do you frequently experience flakiness, tightness or dryness? Yes No
17. Do you use sunscreen on a regular basis? Yes No
18. Have you waxed, used depilatories, bleaches or other chemical processes? Yes No
19. Do you smoke? Yes No
20. Do you wear contact lenses? Yes No
21. Have you had Microdermabrasion? Yes No
22. Have you had any chemical peels? Yes No
23. Have you had laser resurfacing? Yes No
24. Do you have wrinkle concerns? Yes No
25. Do you have scarring concerns? Yes No
26. Do you have sun damage concerns? Yes No
27. Do you have pigmentation concerns? Yes No
28. Do you have broken capillary concerns? Yes No

What services are you most interested in?

Name of your family doctor: _____Phone #: (___) _____

I confirm that the answers to the questionnaire are true and correct.

Print Patient Name: _____

Signature: _____ Date: _____
(Parent or Guardian if patient is under 18)

Skin Type Form

Skin type is often categorized according to the Fitzpatrick skin type scale, which ranges from very fair (skin type I) to very dark (skin type VI). The three main factors that influence skin type and the treatment program: genetic disposition, reaction to sun exposure and tanning habits.

Skin type is determined genetically and is one of the many aspects of your overall appearance, which also includes color of eyes, hair, etc. The way your skin reacts to sun exposure is another important factor in correctly assessing your skin type. Recent tanning (sun bathing, artificial tanning or tanning creams) has a major impact on the evaluation of your skin color.

Please take a few minutes to fill-out the questionnaire, **circling the most appropriate response**.

Name: _____

Genetic Disposition

Score	0	1	2	3	4
What is your eye color?	Light Blue, Gray, or Green	Blue, Gray or Green	Hazel/Brown	Dark Brown	Brownish Black
What is the color of your hair?	Sandy Red	Blonde	Chestnut/Dark Blonde	Dark Brown	Black
What is the color of your non-exposed skin?	Reddish	Very Pale	Pale with Beige Tint	Light Brown	Dark Brown
Do you have freckles in unexposed areas?	Many	Several	Few	Incidental	None
	Score for Genetic Disposition				

Reaction to Sun Exposure

Score	0	1	2	3	4
What happens when you stay in the sun too long?	Painful Redness Blistering, Peeling	Blistering Followed by Peeling	Burns Sometimes Followed by Peeling	Rarely Burns	Never Had Burns
To what degree do you tan?	Hardly or Not At All	Light Color Tan	Reasonable Tan	Tan Very Easily	Turn Dark Brown Quickly
Do you tan within several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always
How does your face react to the sun?	Very Sensitive	Sensitive	Normal	Very Resistant	Never Had a Problem
	Score for Reaction to Sun Exposure				

Tanning Habits

Score	0	1	2	3	4
When did you last expose your body to sun, tanning bed or use tanning cream?	More than 3 months ago	2-3 Months Ago	1-2 Months Ago	Less Than a Month Ago	Less Than 2 Weeks Ago
When in the sun, do you expose the area to be treated?	Never	Hardly Ever	Sometimes	Often	Always
	Score for Tanning Habits				

What color is the hair in the area to be treated?

□ Blonde □ Red □ Light Brown □ Brown □ Dark Brown □ Black

****BELOW IS FOR OFFICE USE****

		Skin Type Score	Skin Type	Skin Color
	◂ ---------- Genetic Disposition Score	0 to 7	I	Very Fair

	◂ -------- Reaction to Sun Exposure Score	8 to 17	II	Fair
	◂ ---------- Tanning Habits Score	18 to 25	III	Fair to Light Olive
	◂ ---------- Total Score	26 to 30	IV	Olive to Brown
	◂ ---------- Skin Type	Over 30	V and VI	Dark Brown or Black