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## Patient Information, Medical History and Release

Please complete the following questionnaire and release. All information is strictly confidential.

### Personal History (Please print clearly)

Name: \_\_\_\_\_ Today's Date: \_\_\_/\_\_\_/\_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Age: \_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_.

Mobile Phone: \_\_\_\_\_ Home/Work Phone: \_\_\_\_\_

Emergency Contact Name and Phone: \_\_\_\_\_

How were you referred to us: \_\_\_\_\_

### CALIFORNIA REQUIRES:

**Ethnicity** (check **one**): Hispanic or Latino Not Hispanic or Latino Prefer not to say  
**Race** (check **one**): Asian Native Hawaiian other Pacific Islander Black/African American (not Hispanic or Latino) American Indian/Alaska Native White Not Hispanic or Latino Hispanic or Latino (all races) Unreported/Refuse to Report

### Medical History

Are you currently under the care of a physician?  Yes  No

If yes, for what: \_\_\_\_\_

Are you currently under the care of a dermatologist?  Yes  No

If yes, for what: \_\_\_\_\_

Any of these current or past medical conditions? (Please check all that apply)

- Cancer Diabetes High Blood Pressure Herpes Arthritis HIV/AIDS
- Frequent Cold Sores Keloid Scarring Skin Disease/Skin Lesions Seizure Disorder
- Hepatitis Psoriasis Hormone Imbalance Thyroid Imbalance Vitiligo
- Blood Clotting Abnormalities Any Active Infection Lupus (SLE) Immune Suppression
- Photosensitivity Porphyria Easy Bruising Uncontrolled Polycystic Ovary Syndrome

Do you have any other health problems or medical conditions? Please list: \_\_\_\_\_

Have you ever had an allergic reaction to any of the following? (Please check all that apply)

Food Latex Aspirin Lidocaine Hydrocortisone Hydroquinone or skin bleaching agents Others and please describe specific reaction of any and all allergies: \_\_\_\_\_

**Medications**

What oral medications are you presently taking? (Please check all that apply)

Hormone Therapy (Estrogen Replacement Therapy (ERT), Birth Control Pills, etc.)  
Blood Thinners (Aspirin, Plavix, Coumadin (Warfarin), Ticlid, etc.)  
Immunosuppressive Drugs (Therapy for Autoimmune Diseases (Lupus, Rheumatoid Arthritis, etc.); Chemotherapy or Radiation for Cancer; Steroids; etc.)  
Others including photosensitive herbals like St John’s Wort, Ginko Biloba or any aromatherapy a.k.a. essential oils (Please List with dosage and frequency):

MEDICATION	DOSE	FREQUENCY

Have you ever used Accutane? Yes No If yes, when was last use? \_\_\_/\_\_\_/\_\_\_

What topical medications or creams are you currently using? None Retin-A Others

Please list any others (including tan enhancers): \_\_\_\_\_

**History**

Have you received cosmetic treatments before (including botox, fillers, peels)? Yes No

If yes, please describe: \_\_\_\_\_ When: \_\_\_\_\_

Have you had any recent tanning or sun exposure that changed the color of your skin?

Yes No

Have you recently used any self-tanning lotions or treatments? Yes No

Do you form thick or raised scars from cuts or burns? Yes No

Do you have Hyper-pigmentation (darkening of the skin) or Hypopigmentation (lightening of the skin), or marks after a physical trauma? Yes No If yes, please describe: \_\_\_\_\_

**Female Clients**

Are you pregnant or trying to become pregnant? Yes No

Are you breastfeeding? Yes No

Are you using contraception? Yes No

**Risks**

Scarring and Skin Textural Changes: However slight, there is always a risk of scarring. Skin texture changes (roughness, thickening, discoloration) can occur and may be permanent.

Hyper-pigmentation: Darkening of your skin can occur after laser treatments. This is more commonly seen in patients with darker skin types or with those with recent tanning but can occur in any skin type. Hyper-pigmentation usually resolves spontaneously but can require additional treatment in some cases.

Hypopigmentation: Lightening of your skin after treatment can occur after laser treatments. This can occur with any skin type and although it may resolve spontaneously, it can be permanent.

Infection: Although unusual; bacterial, fungal, and viral infections can occur after being treated. Notify us if you have a history of cold sores prior to any treatments involving the face or any active infections for which you are being treated or should be treated prior to laser skin area removal.

Bleeding: Pinpoint bleeding can occur during a laser treatment, although it is rare in most cases. If you are on blood thinners such as Coumadin (Warfarin), Aspirin, Plavix, etc., please notify us for discussion with our physician prior to treatment.

Blistering: Blistering is common after IPL (intense pulsed light) and laser treatments and is discussed in the after-care forms.

Allergic Reactions: Allergic reactions have been reported after IPL (intense pulsed light) and laser treatments of certain skin area pigments. Breakdown of various skin compounds are thought to trigger this reaction.

Eye protection: I understand that exposure of my unprotected eyes to the light created by laser operation could harm my vision. The eye protection provided will be worn at all times when the laser is in use (Eye-wear will be provided).

Aftercare: Compliance with the provided aftercare is crucial to the healing of the affected area in the prevention of infection, scarring, timely healing and many other health factors.

Multiple treatments: You understand that desired effects often require multiple treatments. Depending on your desired skin improvement, you will probably need more than a single treatment. Sometimes more treatments are required than the initial plan. There is a chance that the treated skin area will never achieve the goal.

Delayed Healing: Although usually the treated area will heal quickly, it can sometimes take much longer.

**HIPAA Privacy Rule**

HIPAA Privacy: Discovery Skinworks, Inc. will use appropriate safeguards to protect the privacy of personal health information and will not sell or give such information without patient authorization. A copy of our privacy policy is available in the reception area of our office and you understand that they might be modified periodically. If you have any concerns, please notify the privacy office Paul Horowitz MD at 661-388-5426.

**Photo Release**

I do hereby give Discovery Skinworks, Inc., their assignees, licensees, and legal representatives the irrevocable right to use photographic images in any way they choose and, in any medium, taken before treatment, during treatment and/or after completion of treatment now and in perpetuity. I further waive any right to inspect or approve the finished product, including written copy that may be created in connection therewith. I also agree that this releases Discovery Skinworks, Inc. and any and all of its representatives from any and all monetary obligations or payments to me or any or all of my authorized representatives for use of said images.

**Liability Release**

Liability Release: Being of sound mind, I certify that the information described above is accurate and complete to the best of my knowledge. All my questions have been answered to my satisfaction; and I understand the process and all the risks. By signing, I hereby certify that the above statements are true, correct, and complete and release Discovery Skinworks, Inc. and any individual in relation to Discovery Skinworks, Inc. from any and all legal or financial responsibilities. By signing this I am also allowing Discovery Skinworks, Inc. to proceed with treatment.

**Authorization to Treat, Privacy, Financial Policy, Open Database Notification**

Regardless of whether your health insurance will pay for the skin treatment, you are requesting these services at your own expense. You will be responsible for payment at the time the treatment. You hereby waive (give up) your right to bill your insurance company for this service. We are making this service available to you on a cash basis only, and we will accept payment with cash or credit card.

HIPPA: My signature below also acknowledges that I received a copy of Discovery Skinworks, Inc.'s Notice of Privacy Practices. I further acknowledge that a copy of the current notice is posted in the reception area, and that a copy of any amended Notice of Privacy Practices will be available at each appointment.

AUTHORIZATION TO TREAT: I authorize treatment. I accept financial responsibility for all treatment provided. I hereby assign Discovery Skinworks, Inc. all of the insurance and third-party payor benefits due to me to the full extent of my financial obligation.

I understand that whether I have insurance, payment of my bill is my responsibility. I accept responsibility for payment in full. This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California. A photocopy or scanned image of this Authorization shall be considered as valid as the original.

EMAIL and MESSAGING CONSENT: I authorize messages including but not limited to promotions and appointment reminders to be sent to me via email if email address provided and text messaging if mobile phone number provided. **I also understand that completing this form and bringing it in to the office in person is the safest way to handle my personal information.** By choosing to send this information any other way, such as via email or text, I accept that I am taking a chance that this information may be intercepted by a third party. By sending the information electronically, I accept the unlikely risk of this information falling into the hands of someone other than the intended recipient.

OPEN PAYMENTS DATABASE NOTIFICATION: The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reviewed by (physician signature): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Skin typing assessment quiz

One of the most important factors in deciding which Laser / (and settings) to use is the patient skin type.

Skin typing is determined by genetics, reaction of the skin to sun exposure and tanning habits.

The following skin type quiz<sup>1</sup> is intended **as a sample only** to provide additional help in the evaluation of an individual skin type. *Skin typing of the area to be treated* is to be assessed. Lumenis takes no liability on that document and its content is not intended to be a substitute for professional medical diagnosis.

<b>Genetic predisposition</b>						<b>Report Score</b>
<b>Score</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
What is the colour of your eyes?	Light blue, grey, green	Blue, grey or green	Blue	Dark brown	Brownish black	.....
What is the natural colour of your hair?	Sandy red	Blond	Chestnut, dark blond	Dark brown	Black	.....
What is the colour of your skin (non-exposed areas)?	Reddish	Very pale	Pale with beige tint	Light brown	Dark brown	.....
Do you have freckles on non-exposed areas?	Many	Several	Few	Incidental	None	.....

**Total score for genetic predisposition:**

<b>Reaction to sun exposure</b>						<b>Report Score</b>
<b>Score</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<input type="checkbox"/>
What happens when you stay in the sun too long?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns sometimes followed by peeling	Rare burns	Never had burns	.....
To what degree do you turn brown?	Hardly or not at all	Light colour tan	Reasonable tan	Tan very easy	Turn dark brown quickly	.....
Do you turn brown 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	.....

**Total score for reaction to sun exposure:**

<b>Tanning habits</b>						<b>Report Score</b>
<b>Score</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
When did you last expose your body to sun (or artificial sunlamp/self-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	.....
Did you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always	.....

**Total score for tanning habits:**

**Add up the total scores for each of the three sections for your Skin Type Score:**

<sup>1</sup> Quiz adapted from the Radiation protection (tanning units) amendment regulation by the Australian Government Health Directorate and the American Skin Cancer Foundation

Skin Type Score	Skin Type	Features
0-7	I	Caucasian / freckles Always burns and never tans (pale white skin)
8-16	II	Caucasian / freckles Burns easily and tans minimally (white skin)
17-25	III	Darker Caucasian Burns moderately and tans gradually (light brown skin)
25-30	IV	Mediterranean, Asian, Hispanic Burns minimally and always tans well (moderate brown skin)
Over 30	V	Middle Eastern, Latin, light-skinned black, Indian Rarely burns and tans profusely (dark brown skin)
	VI	Never burns (deeply pigmented dark brown to black skin)

Report total skin type score:		Quiz skin type:		Diagnosed skin type:	
Has a consent form been signed? <i>(pls circle)</i>	Yes / No	Has an additional pre-treatment compliance checklist been completed? <i>(pls circle)</i>	Yes / No		
Assessment conducted by: <i>(pls print name)</i>			Date of assessment:	/	/
Name of patient:			Signature of patient: <i>(I attest hereby that I have answered the above to the best of my knowledge)</i>		