



Pulse369

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Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Birthdate: _____

Phone: (Main) _____ (Message) _____

Email: _____

How did you hear about us? _____

Please answer the following questions:

1. Do you have ANY current chronic medical illnesses?

Y / N

Please list: _____

2. Are you currently under a doctor's care?

Y / N

Please list: _____

3. Are you currently taking ANY medication, herbal supplements or use topical cream and/or ointment(s) on a regular basis?

Y / N

Please list: _____

4. Do you have allergies to ANY food or substances?

Y / N

Please list: _____

5. Are your menstrual periods regular?

Y / N

6. Are you or could you be pregnant?

Y / N

7. Do you have ANY history of herpes simplex (e.g. cold sores, fever blisters or genital)?

Y / N

8. Do you have a history of keloid scarring?

Y / N

9. Have you taken Accutane or anticoagulants in the last 6 months?

Y / N

10. Do you have ANY permanent make-up, injectables, implants or tattoos or surgical areas?

Y / N

Please list: _____

11. Have you been in the sun, tanning bed or used sunless tanning cream within the last 4 weeks?

Y / N

12. Which area(s) would you like treated? _____

Signature: _____

Date: _____