



LifeTime Dermatology
Ann E. Hern, M.D.
2221 Livernois, Suite 101
Troy, MI 48083

LASER PATIENT QUESTIONNAIRE

Patient I.D. #: _____ Date: _____

Patient Name: _____ Telephone (H): _____

Address: _____ Telephone (W): _____

Social Security #: _____ Occupation: _____

Where did you hear about our clinic? Laser Hair Removal.com Lifetime Dermatology Website Yellow pages Other _____

May we contact you at home? _____ At work? _____

Please list your skin concerns:

Medical History

1. Do you smoke? Yes No
If yes, _____ packs per day.
2. Are you allergic to any medication? Yes No
If yes, please list: _____
3. Are you presently on any medication? Yes No
If yes, please list: _____
4. Have you taken Accutane in the last year? Yes No
If yes, when? _____
5. Do you have any health problems? Yes No
If yes, please list: _____
6. Are you pregnant or planning a pregnancy in the near future? ... Yes No
7. Do you any health problems? Yes No
If yes, please list: _____

Arthritis or connective tissue disease Yes No
Diabetes requiring insulin Yes No
High blood pressure Yes No
Keloid formation (skin only) Yes No
Autoimmune disorder Yes No
Cold Sores (herpes virus) Yes No