



Dr. Ana Benitez-Graham
Sybil Robb, PA-C
Phone: 919-304-5900 | Fax: 919-304-5901
3940 Arrowhead Boulevard, Suite 210
Mebane, NC 27302

Pre Laser Hair Removal Evaluation

Patient Name _____ Date. _____

Birth Date. _____ Age _____

1. What is your current form of hair removal? _____
2. Have you ever had a laser procedure? _____
3. Do have any significant medical history? _____
4. Have you ever had a blood hormonal work up? _____
5. Do you have a history of metabolic disorders? _____
Polycystic ovary? _____
Adrenal hyperplasia? _____
Psoriasis? _____
6. Are you pregnant? _____
Last Menstrual Period? _____
Menopausal? _____
7. Do you have recurrent skin infections such as herpes simplex or folliculitis? _____
8. Are you allergic to any medications? _____
9. What medications do you routinely take (including over the counter)? _____

10. Have you ever taken Accutane or Sotret? _____
11. Do you use Retin-A or alpha/beta hydroxyl acids? _____
12. Have you had dental work - fillings or bridges? _____
13. When did you last expose your face/body to sun (including artificial exposure or sunless tanning)? _____
14. How do you react to sun exposure? Burn always _____ Easily tan _____
 Burn, then tan _____ Never burn _____
15. Have you ever had any change in skin pigmentation during or following pregnancy or medication use? _____
16. Do you have a history of abnormal scarring? _____
17. Do you have any cosmetic or professional tattoos? _____