



530-842-3261 • dr_dunnblack@claritymedicalspa.net
106 Ranch Lane • Suite B • Yreka, CA 96097

NAME: _____ DATE OF BIRTH: ____/____/____
HOW DID YOU HEAR ABOUT US: _____

Today's Date: _____

Date of chart updates: ____/____/____

PROBLEMS YOU ARE INTERESTED IN TREATING

Please review problems and select the treatment options you are interested in.

WRINKLES Laser Skin Resurfacing
 Botox
 Juvederm

BROWN SPOTS Laser for Pigmented Lesions
 IPL (Intense Pulsed Light)
 Laser Skin Resurfacing

FACIAL OR LEG VEINS Laser for Veins
 IPL

UNWANTED HAIR Laser for Hair Removal
 Waxing

ACNE Face Reality Acne Program
 Chemical Peels
 Prescription Medications

MOLE OR SKIN GROWTH REMOVAL Laser Lesion Removal
 Excision of Skin Tags

SAGGING SKIN Laser Skin Resurfacing
 Facials
 Microdermabrasion

INADEQUATE EYELASHES Latisse Prescription

PAIN MANAGEMENT Acupuncture
 Massage
 Bowen Therapy

NAIL CARE Manicures
 Pedicures



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SKIN CARE

Current Skin Care Regime: _____

Do you tan regularly: YES NO Do you use a self Tanner? YES NO

Any History of abnormal pigment with pregnancy/contraceptives? YES NO Keloid Scars? YES NO

Do you use sunscreen YES NO Brand and SPF: _____ Reapply throughout the day? YES NO

COSMETIC TREATMENT HISTORY

Previous Dermal Fillers: YES NO

Type of filler if known _____ Date of last treatment: _____

What area was injected _____ Any adverse events? _____

Previous Botox or Dysport: YES NO

Which one and how many units used, if known: _____ Date of last treatment? _____

What area was injected? _____ Any adverse events? _____

OTHER PREVIOUS COSMETIC TREATMENTS (Peels, Microdermabrasion, Laser, Surgery?)

Treatment	Estimated Date	Outcome	Adverse Events?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PATIENT SIGNATURE: _____
PRINTED NAME: _____



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MEDICAL HISTORY

Primary Care Physician: _____ Phone Number: _____

Dermatologist: _____ Phone Number: _____

HISTORY

PATIENT

FAMILY

Any history of Accutane Use	YES/NO	YES/NO
Seizure Disorder	YES/NO	YES/NO
Bleeding Disorder	YES/NO	YES/NO
Diabetes	YES/NO	YES/NO
Heart Disease/Condition	YES/NO	YES/NO
Uncontrolled Blood Pressure	YES/NO	YES/NO
History of Cold Sores	YES/NO	YES/NO
Hepatitis	YES/NO	YES/NO
Autoimmune or Immune Disorder Including HIV	YES/NO	YES/NO
Multiple Severe Allergies	YES/NO	YES/NO
Myasthenia Gravis	YES/NO	YES/NO
Eye Disease	YES/NO	YES/NO
ALS or Eaton Lambert Disorder	YES/NO	YES/NO
Are you pregnant or breastfeeding?	YES/NO	

Please detail any of above and list any additional medical problems past or present, prior surgeries, and hospitalizations. May also use back of page.

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HABITS

Do you Smoke? YES/NO Packs per day? _____ Did you smoke previously? YES/NO Year Quit: _____
Number of alcoholic beverages per day: _____ Number of caffeinated beverages per day: _____
Hours of Exercise per week: _____

MEDICATIONS

Aspirin	YES/NO
Anti-inflammatory (Advil, Aleve, Celebrex, etc..)	YES/NO
Anti-Coagulants	YES/NO
Steroids	YES/NO
Antibiotics	YES/NO

OTHER MEDICATIONS: Include mg dose and frequency taken/per day (may also use back side of page)

DIETARY SUPPLEMENTS

ALLERGIES Please provide a detailed list of any reactions or sensitivities to both medications and foods.

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SKIN TYPE

Circle the number that best describes you. In order to provide the most safe and effective treatment, please complete the information below as accurately as possible.

Ethnic origin is closest to:

- 1. Very fair skin (Celtic and Scandinavian)
- 2. Fair-skinned (Caucasian with light hair and light eyes)
- 3. Pale-skinned (Caucasian with dark hair and dark eyes)
- 4. Olive-skinned (Mediterranean, some Asian, some Hispanic)
- 5. Dark-skinned (Middle Eastern, Hispanic, Asian, some African)
- 6. Very dark-skinned (African)

Natural hair color at age 18 was:

- 0. Red
- 1. Blonde
- 2. Light brown
- 3. Dark brown
- 4. Black

Color of skin that is not normally exposed to sun:

- 0. Pink to reddish
- 1. Very pale
- 2. Pale with beige tint
- 3. Light brown
- 4. Medium to dark brown
- 5. Dark brown to black

If I go out in the sun for an hour without sunscreen and haven't been in the sun in weeks, my skin will:

- 0. Burn, blister and peel
- 1. Burn, then when the burn resolves there is little or no color change
- 2. Burn, then turns tan quickly
- 3. Get pink, then turns to tan quickly
- 4. Just tan
- 5. My skin gets darker
- 6. My skin is so dark i can't tell

When was the last time the area to be treated was exposed to natural sunlight without sun protection, tanning booths or artificial tanning cream?

- 0. Longer than one month ago
- 1. Within the past month
- 2. Within the past two weeks
- 3. Within the past week

If your score is:	Your skin type is:	Notes/special concerns
0-3	I	
4-7	II	
8-11	III	
12-15	IV	
16-19	V	
20-24	VI	

Help us improve. List other services you would like us to offer.

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