Abrams Dermatology

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A.O.B.D. Board Certified Dermatologist
Fellow American Society of MOHS Surgery
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Patient Name: _____

Medical History
Prior to any Fractional CO_2 Laser Treatment

Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: HOME: _____ WORK: _____ CELL: _____

What is the best number to call you at? Circle HOME WORK CELL May we leave a message? Y / N
Emergency Contact: _____ Phone # _____

Yes / No Do you have ANY current or chronic medical illnesses?
Please List : _____

Yes / No Do you have ANY allergies to medications, foods, latex or other substances?
Please List : _____

Yes / No Do you take /use ANY medications, both prescription and non-prescription, herbal or natural supplements, or topicals on a regular or daily basis?
Please List : _____

MEDICAL HISTORY
Please Circle Yes or No

Yes / No Do you have a history of "cold sores" or herpes I or II in the area to be treated?
Yes / No Do you have a history of diabetes or problems with wound healing?
Yes / No Do you have a history of keloid or hypertrophic scarring or abnormal scarring?
Yes / No Do you have any active infections or compromised ability to healing?
Yes / No Do you take St. John's Wort or any anticoagulants?
Yes / No Do you have any permanent make-up, implants or tattoos?
Yes / No Do you have any open lesions in the area to be treated?
Yes / No Have you taken Accutane in the last 6 months
Yes / No Have you used any exfoliating creams or products (Retin A, Differin, Glycolic acid, Alphahydroxy acid products) in the last two weeks?
Yes / No Have you had any unprotected sun exposure, used self-tanning creams or tanning beds in the last 4-6weeks to the area to be treated?
Yes / No Have you had any cosmetic injections (ie: Botox or fillers) in the last 6 months?
Yes / No For women: Are you or could you be pregnant?

Which body areas or condition would you like treated? _____
By signing below, I submit that the information contained in this document is correct.

_____ _____ _____
Patient Signature Date Witness Signature