**Profound Patient Intake Form**

Name:

Address:

Phone Number:

Date of Birth:

Gender:

Last Exposed to UV (sun or tanning bed):

Medications:

Allergies:

Current or Previous Medical Conditions:

Previous Surgeries:

*Answer Yes or No or N/A:*

Breastfeeding?

Pregnant?

Passive Tan?

Self-Tanning Lotion?

Pacemaker/debrillator?

Metal Implants?

Current skin cancer?

Previous skin cancer?

Other cancers?

Pre-malignant moles?

Cold sores/herpes?

Current or past medical history:

Immune Disorders?

Active Skin Infection?

Tattoo/Permanent Make-Up?

Tanned Skin?

Skin Disorders? (Keloids, abnormal wound healing, thick scars)?