



TEMPSURE™ ENVI MEDICAL HISTORY FORM

Last Name: _____ First Name: _____
Date of Birth: _____
Emergency contact: _____ Phone: _____

Description of body area and planned treatment: _____

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS
(You may continue any extended answers on the back side of the page)

1. Do you have ANY current or chronic medical conditions? YES NO UNSURE
It is important that you disclose any history of heart urticarial (rash), diabetes, autoimmune disorders or any immunosuppression, blood disorders, cancer, bacterial or viral infections, medical conditions that significantly compromise the health response, skin photosensitivity disorders or any other condition or illness.
Please list: _____

2. Do you have ANY current or chronic skin conditions? YES NO UNSURE
Please list: _____

3. Have you had ANY unprotected sun exposure, used tanning creams YES NO UNSURE
(including sunless tanning lotions) or tanning beds/lamps in the last 4-6 weeks?
Please describe: _____

4. Do you have any open sores, lesions or active skin infections? YES NO UNSURE
Please list: _____

5. Do you have a history of cold sores or shingles (Herpes Simplex I or II or Herpes Zoster) in the area to be treated? YES NO UNSURE

6. Do you have a history of keloid scarring or other scar formation? YES NO UNSURE

7. Do you have a history of hyperpigmentation (melasma)? YES NO UNSURE

8. Do you have a history of radiation therapy in the area to be treated? YES NO UNSURE

9. Are there any topical products (both medical and non-medical) that YES NO UNSURE
you use on your skin on a regular or daily basis?
Please list: _____

10. In the last three (3) months, have you used any of the following skin care products:
- a. Glycolic acid or other alphahydroxy or betahydroxy acid products; YES NO UNSURE
 exfoliating or resurfacing products or treatments?
 Please list product and date last used: _____
11. Do you take/use ANY medications (prescriptions and non-prescriptions), YES NO UNSURE
 vitamins, herbal or natural supplements, on a regular or daily basis?
 Please list: _____
12. Do you take or use ANY system or oral steroids (e.g. prednisone, YES NO UNSURE
 dexamethasone, hydrocortisone)?
 Please list: _____
13. In the last six (6) months, have you used any of the following: YES NO UNSURE
 Photosensitizing (e.g. antibiotics, oral contraceptives), anti-inflammatory
 (e.g. Aleve, Advil) or blood thinning medications (e.g. Eliquis, Zylrelto, Coumadin)?
 If yes, please list (include date last taken): _____
14. Do you have ANY allergies to medications, corn, latex, or other substances? YES NO UNSURE
 Please list: _____
15. Do you or have you ever had any permanent make-up, tattoo, YES NO UNSURE
 implants or fillers, including but not limited to, collagen, autologous fat, Rystylane, etc?
 If yes, please list: _____
16. Do you have or have you ever had any botulinums (Botox® or Dysport®)? YES NO UNSURE
 If yes, please list location of treatment and date last used: _____
17. Have you taken Accutane® (or products containing isotretinoin) in YES NO UNSURE
 the last twelve (12) months? Or Tretinoin (like Retin-A®, Renova®)?
 If yes, please list location of treatment and date last used: _____
18. Have you ever had Gold therapy (chrysotherapy, aurotherapy, YES NO UNSURE
 gold sodium thiomaiate) treatment for rheumatoid arthritis or other condition?
19. Do you have metallic fillings or mercury amalgams in your teeth? YES NO UNSURE
20. For women, are you or could you be pregnant? YES NO UNSURE
21. For women, are menstrual periods regular or have you ever been YES NO UNSURE
 diagnosed with polycystic ovarian syndrome (PCOS)?
22. Please list any health conditions or medications that may not have been covered in the above questions
 that may be relevant to the Tempsure™ Envi treatment: _____
