Health History Questionaire

❒ Male ❒ Female

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone :_____ Email_____

Location of Services: _____

CHECK ANY CONDITION YOU CURRENTLY HAVE

Pregnant Now, or Trying	❒ Yes	❒ No	Active Cancer Within Past Year	❒ Yes	❒ No
Kidney Problems	❒ Yes	❒ No	Liver Problems	❒ Yes	❒ No
Doctor said you should avoid light?	❒ Yes	❒ No	Autoimmune Disease	❒ Yes	❒ No
Lupus Erythematosus	❒ Yes	❒ No	Albinism	❒ Yes	❒ No

CHECK ANY PHOTO-SENSITIVE MEDICATIONS THAT YOU TAKE

❒ Gold or Gold 50	❒ Hostacycline	❒ Chloropromazine
❒ Fulvicin P/G or Fulvicin U/F	❒ Lymercycline	❒ Grifulvin V or Griseofulvin
❒ Gris-Peg	❒ Sumycin	❒ Grisovin
❒ Demecocycline	❒ Folex	❒ Ledermycin
❒ Doxycycline	❒ Ledertrexate	❒ Cyclidox
❒ Doryx	❒ Methotrexate Sodium	❒ Doxycyl or Doxytab
❒ Dumoxin	❒ PF	❒ Noritet
❒ Viacin	❒ Aratac	❒ Vibramycin
❒ Lymecycline	❒ Pacerone	❒ Minocycline
❒ Tetrasal	❒ Amioderone	❒ Minomycin or Minotabs
❒ Cyclimycin	❒ Codarone X	❒ Terramycin
❒ Oxytetracycline Be-oxytet	❒ Terra-Cortril	❒ Cotet
❒ Oxypan	❒ Trexall	❒ Quinolone Derivatives
❒ Ciprofloxacin	❒ Methotrexate	❒ Nalidixic Acid
❒ Norfloxacin	❒ LPF	❒ Oflaxacin
❒ Tetracycline Group	❒ Mexate AQ	❒ Achromycin or Acromysin V
❒ Actisite	❒ Thorazine	❒ Bristacycline
❒ Ciprofloxacin	❒ Tetrex	❒ Helidac
❒ Auranofin	❒ Azathioprine	❒ Chlorpromazine HC
❒ Ridaura	❒ Roaccutane	❒ Largactil
❒ Sonazine	❒ Isotretinoin (Accutane)	

Signature _____ Date _____

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Admission Form

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Location Where Service Is Provided: _____

Services To Be Provided: _____

What are your treatment goals? _____

_____

_____

_____

How did you learn about these services? _____

_____

How did you learn that these services are offered at this location? _____

_____

Do you have any questions? _____

_____

Signature _____ Date _____