KORNMEHL LASER EYE ASSOCIATES
MORPHEUS8® PATIENT INTAKE FORM

PATIENT NAME: DOB:

LAST EXPOSED TO UV (SUN OR TANNING BED): _____

MEDICAL HISTORY QUESTIONARRE

Pacemaker / Defibrillator	◯YES ◯NO	Tattoo or permanent makeup	◯YES ◯NO
Metal Implants	◯YES ◯NO	Skin disorders (e.g. keloids, abnormal wound healing)	◯YES ◯NO
Hearing Aids	◯ YES ◯NO	Active skin infection (e.g. psoriasis, eczema)	◯ YES ◯ NO
Injections/ Fillers within the last 6 months	◯ YES ◯ NO	History of bleeding disorders	◯ YES ◯ NO
Botox within 7 days	◯ YES ◯ NO	Current or history of skin cancer/ other cancer/ pre-malignant moles	◯ YES ◯ NO
Pregnant or nursing	◯YES ◯ NO	Needle epilation, waxing or tweezing within the last 6 weeks	◯ YES ◯ NO
Impaired immune system	◯YES ◯NO	Facial laser resurfacing/ deep chemical peeling within the last 3 months	◯ YES ◯ NO
Diseases stimulated by light (e.g. lupus, porphyria, epilepsy)	◯YES ◯ NO	Severe concurrent medical conditions (e.g. cardiac disorders)	◯ YES ◯ NO
Diseases stimulated by heat (e.g. herpes simplex)	◯ YES ◯ NO	Endocrine disorders (e.g. diabetes, PCOS)	◯YES ◯ NO
Use of immunosuppressives or oral steroids	◯YES ◯ NO	Use of Isoretinoin (Accutane) within the last 6 months	◯ YES ◯NO
Use of medication/ herbs inducing photosensitivity	◯ YES ◯ NO	Self-tanning Lotion	◯ YES ◯ NO
Use of tanning bed within the last	◯ YES ◯ NO	Passive (Present) Tan	◯ YES ◯ NO

SURGICAL PROCEDURES WITHIN THE LAST YEAR:

** I hereby acknowledge that I have provided Kornmehl Laser Eye Associates with the most accurate information to ensure a safe procedure, if applicable.

Patient Signature: _____ Date: