



Ram Clinic, P.C.
1200-1206 Providence Hwy,
Suite 210, Norwood, MA 02062
PH: 781-333-3444, Fax: 781-680-7121

Prabhu S Ram MD

Health Questionnaire

NAME: _____ DATE: _____

1. Are hypersensitive to light in the infrared wavelength region

2. Have sun-damaged skin (treatment contraindicated with Alex laser only)

3. Have recent unprotected sun exposure (Alex- within 4 weeks of treatment; Yag- within 1 week of treatment), including the use of tanning beds or tanning products (creams, lotions, sprays)

4. Take medication which is known to increase sensitivity to sunlight

5. Have seizure disorder triggered by light

6. Take anticoagulants

7. Take or have take oral isotretinoin, such as Accutane, within the last 6 months

8. Take medication that alters the wound-healing response

9. Have a history of healing problems or history of keloid formation

10. Have an active localized or systemic infection, or an open wound in area being treated



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11. Have a significant systemic illness or an illness localized in area being treated

12. Have a history of skin cancer or suspicious lesions

13. Have lupus (SLE)

14. Are receiving or have received gold therapy

15. Are pregnant

16. Have history of cold sores or herpes in the mouth area
