CO2RE® Intima
Women's Intimate Wellness

Gynecological History:	
Last PAP	(mm/dd/yy)
PAP Results	☐ Normal ☐ Abnormal
History of abnormal PAP smears?	☐ No ☐ Yes If so, nature of diagnosis, treatment, and follow-up:
Last menstrual period	(mm/dd/yy) OR ☐ Menopausal
Reason for Treatment	

Check if a condition, which may be a contraindication, is present:
☐ Vaginal or Pelvic area surgery within the last 12 months
☐ Implants or mesh in the treatment area
☐ History of genital herpes
☐ Unexplained vaginal bleeding
☐ Urinary tract infection
☐ Pelvic infection
☐ Active malignancy or cancer treatment within the last five years
☐ Melanoma History
☐ Dysplastic nevi in the treatment zone
☐ Pelvic lymph node dissection or poor lymphatic drainage
☐ Significant illness such as diabetes, cardiac disease, autoimmune disease
☐ History of epidermal or dermal disorders involving collagen or microvasculature
☐ Active electrical implant in any region of the body
☐ Pregnancy or nursing
☐ Diseases of the immune system such as HIV, AIDS, or immunosuppressive medications
☐ Diseases which may be stimulated by light at the wavelengths used
☐ Use of anticoagulants or history of bleeding disorders
☐ Any active condition in the treatment area, such as open lacerations, abrasions or lesions, psoriasis, eczema, or rashes or any active lesion in the treatment area
☐ History of skin disorders, keloids, abnormal wound healing
☐ Surgical procedure in the treatment area within the last three months
☐ Tattoo in the treatment area
☐ History of Accutane use in the previous 6 months
☐ History of oral corticosteroid use in previous 6 months
☐ Excessively tanned skin in the treatment area from sun, sun-beds or tanning creams
Patient Signature: