

# LASER HAIR REMOVAL FORM

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_ Gender  Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

ZIP \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

In case of emergency, whom shall we contact? \_\_\_\_\_ Phone \_\_\_\_\_

Purpose for visit: \_\_\_\_\_

## Dermatologic History

Have you ever had (please check all that apply):

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Chronic skin conditions      | <input type="checkbox"/> Recent sunburn or tan  | <input type="checkbox"/> Accutane use for acne       | <input type="checkbox"/> Photosensitivity |
| <input type="checkbox"/> Herpes simples or cold sores | <input type="checkbox"/> Chemical peel          | <input type="checkbox"/> Keloid or hypertrophic scar | <input type="checkbox"/> Skin Cancer      |
| <input type="checkbox"/> Pigmentation disorder        | <input type="checkbox"/> Botox Injection        | <input type="checkbox"/> Tretracycline use for acne  | <input type="checkbox"/> Dermal filler    |
| <input type="checkbox"/> Recent waxing or plucking    | <input type="checkbox"/> Laser skin resurfacing | <input type="checkbox"/> Electrolysis or threading   |   |

What is your ethnic background? \_\_\_\_\_

When exposed to the sun, do you usually:

- Highly sun-sensitive, always burns, never tans.
- Very sun-sensitive, burns easily, tans minimally
- Sun-sensitive skin, sometimes burns, slowly tans to light brown.
- Minimally sun-sensitive, rarely burns, always tans to moderate brown.
- Sun-sensivite skin, rarely burns, tans well.
- Sun-sensivite, never burns, deeply pigmented.

Do you use sun screen regularly? \_\_\_\_\_ Do you use artificial or "sunless" tanning products? \_\_\_\_\_

List any special skin care products you use: \_\_\_\_\_

## Medical History

Have you ever had (please check all that apply):

- |   |   |   |                                 |
|---|---|---|---------------------------------|
| <input type="checkbox"/> Heart disease  | <input type="checkbox"/> Diabetes                         | <input type="checkbox"/> Rheumatoid Arthritis         | <input type="checkbox"/> Celiac |
| <input type="checkbox"/> Eye conditions | <input type="checkbox"/> Easy bleeding or bruising        | <input type="checkbox"/> Heart attack / chest pain    |                                 |
| <input type="checkbox"/> Hypertension   | <input type="checkbox"/> Delayed / Abnormal wound healing | <input type="checkbox"/> Endocrine / hormone disorder |                                 |
| <input type="checkbox"/> Lupus          | <input type="checkbox"/> Heart pacemaker or defibrillator | <input type="checkbox"/> Current or recent pregnancy  |                                 |

List any active medical problems you have? \_\_\_\_\_

List any medications you currently take (i.e. Accutane, antibiotics, aspirin, antiviral, iron supplements, gold therapy, Coumadin, fish oil, herbal supplements, prescribed topical creams). Please list all medications, dosages, and date last taken: \_\_\_\_\_

List any medication allergies you have? \_\_\_\_\_

Are you allergic to any metal? \_\_\_\_\_ Are you allergic to latex? \_\_\_\_\_ Do you use tobacco products? \_\_\_\_\_

List any operations you have had: \_\_\_\_\_

Do you have any tattoos? If so, please list location(s): \_\_\_\_\_

Do you a history of keloids/ hypertrophic scars?: \_\_\_\_\_

Previous Laser Treatment(s) - if known, please specify date, number of treatments, frequency, response to treatment, device used: \_\_\_\_\_

*My signature below certifies that I have answered the above questions honestly. I understand that laser hair removal may results in trauma and/or reactions and relieve the aesthetician, accepting responsibility for my skin's reaction.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Laser Treatment Consent Form

I understand that my hair removal treatments are performed with the Laser Diode system which uses high intensity pulsed light to destroy the hair follicle. I understand that the procedure may cause discomfort during treatment and a slight redness and irritation will occur on the skin after treatment. This irritation and redness usually subsides in 12 to 24 hours. In some rare cases side effects may include, but are not limited to, lightening or darkening of the skin, blistering, and/or skin irregularity.

I understand that hair removal results vary from patient and that there is a small possibility the procedure will not cause permanent reduction growth. I also understand that in order for the hair removal procedure to be effective, the following guidelines must be followed:

- Multiple consecutive treatments are performed until the desired level hair removal is observed.
- Consecutive treatments are performed every 4 to 6 weeks.
- The hair in the treatment area is shaved 1-2 days prior to treatment and not plucked or waxed. Plucked or waxed hair will render the treatment ineffective.
- I understand that sun exposure 2 weeks prior the treatment and/or 2 weeks after treatment can possibly cause darkening or lightening side effects of the skin.
- I understand that other forms of hair removal methods exist.
- All my questions regarding this procedure have been answered.

I understand that the aesthetician may use any pictures taken of me for educational purposes.

### INDEMNITY:

I confirm that the information that I have supplied is true and correct, and that I have read, understood and accepted the above-mentioned information.

I hereby indemnify the equipment operator, the clinic owner and their staff and the manufacturer of the equipment from any claims whatsoever.

My signature below certifies that I have previously answered the "laser treatment consultation form". I understand that laser hair removal may result in trauma and/or reactions and relieve the aesthetician of any liability as a result. I also understand that if I expose myself to the products, services or items listed above and do not inform the aesthetician, I am responsible for my skin's reaction.

## Laser Hair Removal Pre- & Post- Instructions

### Pre-Care:

- The following conditions which are CONTRAINDICATIONS to laser hair removal such as history of melanoma, raised moles, suspicious lesions, keloid scar formation, healing problems, active infections, open lesions, hives, herpetic lesions, cold sores, tattoos or permanent make-up in area of treatment, recent use of Accutane, tetracycline, or St. John's wort in the last year, autoimmune diseases such as Lupus, Scleroderma, Vitiligo, pregnancy, trying to get pregnant, or nursing.
- Do not pluck, wax, use a depilatory, or undergo electrolysis in the areas to be treated for at least 6 weeks. Shaving is okay. Please come in with recently shaved skin in the area to be treated.
- Do not tan or use self tanner in areas to be treated for at least 4 weeks prior.
- Avoid any irritant chemical, soaps, lotions to area for the week prior.

### Post-Care:

- Some redness and swelling is normal and may feel similar to a sun burn. This should resolve in a few days to a week. Some people may react more and have redness up to a month or longer. Notify your Cosmetic Laser Practitioner if it persists longer than a few days.
  - During the next week, you may develop a fine crust/rug-burned appearance especially where many dark hairs were treated. Hairs will begin to shed (DO NOT PICK THEM). This may last for several weeks.
  - Small blisters may occur. Keep area clean. Notify the Cosmetic laser practitioner. if this happens.
  - Avene Cicalfate may be used
  - You may apply cool compresses/ice for 15 minutes - 1 hour for comfort.
  - Gently clean the area twice daily with mild soap. Aloe gel can also be used.
  - Avoid irritants (glycolics, acid, retinoids, etc.) until all redness/swelling resolves.
  - Moisturizers may be used if they do not sting when applied.
  - Apply medical grade sun block (with zinc oxide) for at least six weeks if not for your lifetime!
  - Shaving should be avoided until comfortable. Begin with light shaving.
  - Avoid strenuous exercise for the day as sweating may sting.
  - Make-up may be used as long as skin is not broken out or irritated.
- Notify Cosmetic Laser Practitioner if you have any questions, concerns, problems.
- I understand the above instructions. I understand the risks and signs of side effects and complications such as severe redness, swelling, blistering, burns, ulcers, pain, or signs of infection and I will call the office and Cosmetic Laser Practitioner immediately if I have any questions or concerns.

Client's printed name

Signature

Date