

(Spa _____)

Medical History Form

Name: _____

Address: _____

Nationality: _____

Telephone: (Home) _____ (Work) _____

Date of Birth: _____ Email: _____

Treatments interested in purchasing: _____

please note there are no refunds on services, please see management for any questions or concerns

Medical Information

Do any of the following pertain to you? If yes please circle

| | | |
|-----|----|--|
| Yes | No | Tetracycline/ Minocycline, Birth Control Pills, Hormones, Accutane or any other photosensitizing (light sensitive) medications |
| Yes | No | Do you bruise easily, on heart medication, take anticoagulants, aspirin, Ibuprofen. |
| Yes | No | Do you have any history of seizure or convulsions? |
| Yes | No | Are you on Phenobarbital, Tegretol or any medication for seizure? |
| Yes | No | Are you on any medications? If so, specify _____ |
| Yes | No | Allergies, autoimmune disease, HIV, Lupus Hepatitis |
| Yes | No | Bruise easily, Cuts/lacerations |
| Yes | No | Eczema, psoriasis, rosacea, or any other skin condition. If yes please specify _____ |
| Yes | No | Herpes, Cold Sores, Fever Blisters |
| Yes | No | Keloids, Pigmented Scars |
| Yes | No | Irregular pigmented moles, hairy moles or Growth in the skin |
| Yes | No | Pregnancy, Breast Feeding, Menopause |
| Yes | No | Acne? Have you have been on Accutane/topical acne medications, and if so, when? _____ |
| Yes | No | Cancer? If so, what type and when? _____ |
| Yes | No | Diabetes? |
| Yes | No | Do you or have you waxed in the past? If so when? _____ |
| Yes | No | Warts |
| Yes | No | Recent sun exposure/ UVR tanning bed (wait 3-8 weeks before procedure and 2 weeks post) |
| Yes | No | PCOS (Polycystic Ovarian Syndrome) |
| Yes | No | Thyroid Disorder |
| Yes | No | Currently under the care of a physician? |
| Yes | No | Laser Procedures, Chemical Peel, Microdermabrasion? |
| Yes | No | Tattoos (or permanent makeup) on or near the treatment area? |

Are there any specific areas of concern? _____

Client Signature

Date

(Spa: _____)

Consent Form

Name: _____

- _____ I understand that hair removal and laser skin rejuvenation vary widely from person to person and anatomical area to area. 70-80% of hair is estimated to be reduced after a series of treatments but there is a chance I could be a non-responder.
- _____ I understand multiple treatments may be necessary for best results
- _____ I understand that with all laser or IPL treatments there is a possibility of a contraindications that may cause a burn
- _____ I understand that there may be some temporary swelling and/or redness in the treated area.
- _____ If treatment is performed near a tattoo, I understand that the tattoo (or permanent make up) maybe damaged during the treatment.
- _____ I acknowledge that I must reveal any condition that may have a bearing on this procedure, such as pregnancy, allergies, medications used, diabetes, immune deficiencies, seizures, history of cancer prior to receiving treatment
- _____ I acknowledge that there may be some slight lightening or darkening of the skin in the treatment area. This will generally go away within few weeks to months.
- _____ I acknowledge that my skin might experience temporary tightness or redness (a mild sunburn feeling) which usually dissipates within 24 hours depending on skin sensitivity.
- _____ I acknowledge that if I fail to use adequate sunscreen (SPF 30), I am more susceptible to sunburn and skin damage.
- _____ I acknowledge that I should avoid use of glycolic or Retinoic acid, AHA products for 2-4 days before and after treatment.
- _____ I will not use any hair removal creams or bleach, nor wax or thread between treatments. I can shave between treatments.
- _____ I understand that laser follow up appointments are 4-8 weeks apart depending upon my hair growth cycle and 3-6 weeks apart for skin rejuvenation.
- _____ I acknowledge this is a strictly elective cosmetic treatment but I must protect the treatment area from the sun 3-8 weeks prior to the procedure and 2 weeks post procedure to prevent burning and hyper and hypo-pigmentation. No medical claims expressed or implied.
- _____ I will notify any change in medical health since my last visit.
- _____ I will be off photosensitive drugs, such as antibiotics 2 weeks prior to my treatment.

*We at _____ will do our utmost to ensure this is not the case
however I understand that it can occur and I release all persons or associations of any liability.*

Client Signature

Date

CONSULTATION QUESTIONNAIRE

LASER HAIR REMOVAL

- Have you ever had laser hair removal done before?
- Do you have any medications or allergies?
- Are you aware you need more than 1 session?
- Usually we need about 6-8 sessions around 4-8 weeks apart
- Explain HAIR GROWTH CYCLES (*only treats when the bulb is thickest*)
- No epilation throughout services (*we need the bulb*)
- On a scale from 1-10 (*1 being no pain and 10 unbearable*) client should feel it around a 5, similar feeling to an elastic band snapping
- The lighter the skin, the darker the hair the better the target so NO SUN EXPOSURE is recommended during the process. Especially 14 days prior or 14 days after.
- SPF is a must
- After the treatment you will experience some mild redness, minimal swelling and possibly smell some hair burning throughout. These are signs of a good end result.
- Be sure not to be in chlorine, hot tubs, hot showers or use highly fragranced lotion on the area (*treat it like a mild sunburn*) for 24-48hrs as it will irritate. Do use Aloe Vera as a soothing lotion.

PHOTO REJUVENATION

- Have you ever had laser done before?
- Do you have any medications or allergies?
- Photo Rejuvenation is best done in a series of 1-3 sessions 3-4 weeks apart
- On a scale from 1-10 (*1 being no pain and 10 being unbearable*) you should feel it around a 4-5, as the treatment feels like an elastic band snapping with some heat.
- We are attracting the melanin (*pigment*) and bringing it to the surface of the skin, therefore the pigment will get darker right away as a good end result. (*be sure client doesn't have upcoming event*)
- The lighter the skin the darker the pigment the better the target so NO SUN EXPOSURE is recommended during the process. Especially 14 days prior too or 14 days after.
- SPF is mandatory due to the fact that we are activating melanocytes. This means if you don't wear SPF after, the pigment may come back full force.
- After the treatment you may experience heat in the skin and a slight tingly feeling for up to 8hrs as the pigment continues to darken. This is normal, use cold compress or soothing mask.
- Be sure not to be in chlorine, hot tubs, hot showers or use highly fragranced lotion on the area (*treat it like a mild sunburn*) for 24-48hrs as it will irritate.
- Use a mild cleanser and soothing moisturizer post treatment

SKIN TIGHTENING

- Have you ever had laser done before?
- Do you have any medications or allergies?
- Skin Tightening is best done in a series of 4-6 treatments 4 weeks apart
- The reason for this is that we are bulk heating the collagen, it takes the collagen about 4 weeks to reach the surface and then we can hit it again
- On a scale from 1-10 (*1 being no pain and 10 being unbearable*) you should feel around a 3-4 and mostly heat.
- We are attracting the water in the skin and pulling it to the surface creating a tighter, plumper appearance
- SPF is mandatory due to the fact that the sun breaks down collagen and we are trying to rebuild it.
- After the treatment you may experience heat in the skin, have mild redness and minimal to no irritation.
- Be sure not to be in chlorine, hot tubs, hot showers or use highly fragranced lotion on the area (*treat it like a mild sunburn*) for 24-48hrs as it will irritate.
- Use a mild cleanser and soothing moisturizer post treatment

Pre and Post Laser Care

PRE LASER CARE:

1. Shave the area one day prior to treatment.
2. No perfume, lotion or cologne on the treatment area prior to procedure
3. Remove make up before the procedure
4. Do not tan or expose the treatment area to too much sunlight 2 weeks prior to procedure
5. No waxing, threading, tweezing or use of any chemical depilatories or bleach the area before and while undergoing the treatment sessions.

POST LASER CARE:

1. No exposure to sunlight for 1-2 days. Use sunblock (SPF 30 or more) and reapply every 2 hours.
2. No deodorants, perfumes, perfumed lotion, cologne or any cream that may irritate the treatment area for 1-2 days.
3. No strenuous exercise that causes excessive sweating for 1-2 days.
4. No hot bath/swimming pool for 1-2 days.