

Advanced Electrolysis, llc & Day Spa

Laser Consultation Form

Name: _____ Email _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (home) _____ (work) _____ (cell) _____ Text ok? Yes / No

Age: _____ Gender: M F TM TF Birthdate: _____

Physician: _____ Phone: _____ Are you under a Dr's care? Yes / No

Medications: _____

Are you on any of these skin care medications? (circle all that apply)

_____ AHA / Glycolic Acid

_____ Retin-A / Renova Accutane

_____ Differin

Illnesses/Disorders: _____

Which of the following best describes your skin type?

I. Always burns, never tans

IV. Rarely burns, always tans

II. Always burns, sometimes tans

V. Brown, moderately pigmented skin

III. Sometimes burns, always tans

VI. Very dark pigmented skin

Medical History

Allergies Yes / No _____

Psoriasis Yes / No _____

Blood Disease Yes / No _____

Herpes Simplex Yes / No _____

Hepatitis Yes / No _____

Diabetes Yes / No _____

Carcinoma Yes / No _____

Circulatory Disorder Yes / No _____

Epilepsy Yes / No _____

Internal Defibrillator Yes / No _____

Pacemaker Yes / No _____

Metal Implant Yes / No _____

X-Ray Treatments Yes / No _____

Menopause/Hysterectomy Yes / No _____

Regular Periods Yes / No _____

Pregnant Yes / No _____

Birth Control Yes / No _____

Breast Feeding Yes / No _____

Skin History

Have you ever received laser hair removal before? Yes / No

Have you had any recent tanning or sun exposure that changed the color of your skin? Yes / No

Have you recently used any self-tanning lotions or treatments? Yes / No

Do you form thick or raised scars from cuts or burns? Yes / No

Do you have issues with hyperpigmentation (darkening of the skin) or hypopigmentation (lightening of the skin) after physical trauma? Yes / No If yes, please describe: _____

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Current or Previous forms of hair removal:

Electrolysis Razor Tweezing Depilatory Wax Other: _____

What areas are you interested in treating? _____

Before and after pictures ok? Yes / No

For Advanced Laser Treatments Only

Have you had a chemical peel, microdermabrasion, laser, injections, or other cosmetic procedures in the last month? Yes / No

If yes, what areas? _____

Are you interested in treating veins or other vascular lesions? Yes / No

If yes, what areas? _____

Are you interested in treating hyperpigmentation or other pigmentary issues? Yes / No

If yes, what areas? _____

Are you interested in treating acne scarring, wrinkles, or other skin rejuvenation issues? Yes / No

If yes, what areas? _____

What are your specific challenges or concerns with your skin?

Acknowledgement

I certify that the preceding medical, personal and skin history statements are true and correct. I am aware that it is my responsibility to inform the technician of my current medical or health conditions and to update this history.

My questions regarding the procedure have been answered satisfactorily. I understand the procedure and accept the risks. I hereby release Advanced Electrolysis, llc from all liabilities with the above indicated procedure.

We value your time and schedule greatly. If you are late or need to leave early, you will have to pay for the full scheduled time. If you are needing to cancel or reschedule, there is a **24-hour notice requirement**. Failure to do so will result in charging you for the time not used.

Signature: _____ Date: _____

Signature of legal guardian (if under 18): _____ Date: _____

Laser Technician Signature: _____ Date: _____

Clinic Staff Only:

Grandparents Ethnicity: _____

Fitzpatrick: _____

Last Exposed to UV? _____

Passive Tan? Yes / No

Self-tanning Lotion? Yes / No

Areas to be treated: _____

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Advanced Laser Informed Consent

Informed Consent

The purpose of this informed consent is to help you decide whether a laser hair removal (LHR) an advanced laser (AL) cosmetic procedure is right for you and to help you make an informed decision to undergo this procedure. This informed consent gives you general information about all of our advanced laser cosmetic procedures, explains other treatment options, and identifies the benefits, risks, side effects and possible complications associated with an advanced laser procedure. The term advanced laser procedure includes, treatment of pigmented lesions, treatment of vascular lesion, and skin rejuvenation.

Laser Hair Removal Procedure

LHR is a non-invasive treatment designed to remove unwanted hair from all parts of the body. The laser device works by emitting pulses of light energy that penetrate the skin and temporarily inactivate the hair follicles with the device's handpiece cools the surrounding skin. Because the laser needs to see the hair to work effectively, it is important not to wax, have electrolysis procedures, or tweeze the hair for 2-4 weeks prior to the procedure. You will be required to wear protective eye glasses during the procedure to protect your eyes from the laser light. You may feel a slight burning, stinging, or pinching sensation during the procedure. **It generally takes 10 to 21 days after the procedure for the treated hair to fall out.** Treatment of dark, coarse hair typically achieves the best results while removal of light, thin hair requires additional treatments which may or may not be successful. Clinical results of LHR may also vary depending on individual skin type, hormonal levels, and hereditary influences. Therefore, some patients may experience partial results and some may notice no improvement at all. Future hormonal changes may cause additional hair growth. LHR procedure involves a series of treatments. Ideal candidates (light skin/dark hair) can usually achieve 65%-90% reduction with a series of 6 sessions. Thicker skinned areas such as men's backs, faces or neck usually require more than 6 sessions and usually achieve only partial reduction or thinning.

Advanced Laser Procedure

An AL treatment is a non-invasive procedure designed to remove lesions, discoloration, or for other skin rejuvenation purposes. The laser device works by emitting pulses of light energy that specifically target your skin concern. The device has multiple wavelengths that target vascular lesions, pigmented lesions, and can be used for the purpose of skin rejuvenation. The laser is equipped with a handpiece that simultaneously cools the surrounding skin to help prevent excessive injury to the epidermis. You will be required to wear protective eye glasses during the procedure to protect your eyes from the laser light. You might feel a slight burning, stinging, or pinching sensation during the procedure. Clinical results of an advanced laser treatment vary depending on individual skin type and skin reaction to the laser. Depending on the type, size, and color of the lesion, multiple treatments may be needed for complete removal.

Alternative Procedures

LHR and AL treatments are a voluntary cosmetic procedure which are not necessarily required.

Not Good Candidates

Generally, you are not a good candidate for a LHR or AL treatment if you are pregnant, nursing, or plan to become pregnant. Individuals who have used Accutane within the last 6 months or who used any medication requiring limited exposure to sunlight are not good candidates for a LHR or AL treatment. Individuals with recently tanned skin are advised to delay undergoing LHR or AL treatments. Avoiding sun exposure 1-2 weeks prior to your procedure is advised. **FOR LHR ONLY** - The laser is not effective on blonde or gray hair. Sun exposure 2-4 weeks prior to treatment may reduce effectiveness of the laser. It is important to shave the area prior to treatment session (we do not provide shaving services, so you must do this yourself prior to the treatment). Please inform us if you have an allergy to Aloe Vera.

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Risks and Complications

All medical and cosmetic procedures are associated with certain risks and may result in complications. Possible risks and complications associated with advanced laser treatments include:

- Temporary reddening, burning, swelling, bruising, or discoloration of the skin over the treated area.
- Blistering, scarring, activation of cold sores, infection or permanent discoloration, which may occur in rare cases. Please inform us if you have a problem with cold sores.
- Hyperpigmentation (darkening of the skin) or hypopigmentation (lighting of the skin), which is rare and may take several months to full resolve.
- Crusting or blistering of the area exposed to the laser, which is rare and may take several days to heal.

For LHR Only

- Folliculitis, which is an infection of the hair follicle. Which may take several days to resolve.
- As with all LHR procedures, re-growth of hair may occur after treatment sessions are completed.

Post Procedure Instructions

It is important that you comply with all post procedure instructions. In addition, it is important that you limit your sun exposure after LHR and AL treatments and use protective sunscreen lotion. Please call you doctor promptly us complications develop after the procedure. Laser treated areas should not be exposed to sun or tanning beds.

Not adhering to the post procedure skin care instructions may increase the risk of complications.

By signing this Informed Consent, you understand and agree as follows:

- The information contained in this informed consent was explained to me using terms I could understand, and all my questions and concerns have been answered. After reviewing all the information provided to me about cosmetic procedures and reviewing my health status, I believe I am a good candidate for a LHR or AL procedure.
- I understand that advanced laser is an elective procedure and hereby freely accept all possible risks, complications and side effects that may result from this procedure.
- I acknowledge that a LHR and AL procedure will be performed by an employee of Advanced Electrolysis, LLC, who is properly trained and certified in its usage.
- I agree to return for any recommended follow up visits and follow all post-procedure instructions.
- I understand that no guarantees have been made to me regarding the outcome of a LHR and/or AL procedure.
- This consent form is valid and for all future laser hair removal and advanced laser treatments performed. I will alert the staff if there are any future changes to my medical history, current medications, or if I become pregnant.

Date: _____

Patient's Name: _____

Patient's Signature: _____

Laser Technician Signature: _____