

Name: _____ Date: _____

Possible treatment methods: Laser hair removal, Laser vein reduction, Laser tattoo removal, Laser Fractional treatment, Laser facial peel, Intense Pulsed Light, Collagen Remodeling/Skin Tightening, Sun spot/Brown spot removal, Skin tag removal, Cherry hemangiomas removal, toenail fungus treatment, other (please specify) _____

Treatment sites include but are not limited to: Brow, lip, chin, neck, face, ears, arms, fingers, chest, areola, abs, underarms, back, buttocks, bikini, thighs, lower legs, feet, and toes.

THE FOLLOWING PROBLEMS MAY OCCUR WITH THE ABOVE TREATMENTS:

1. There is a risk of scarring.
2. Short-term effects may include reddening, mild burning, temporary bruising or blistering. Hyper-pigmentation (browning) and Hypo-pigmentation (lightening) have also been noted after treatment. These conditions usually resolve within 3-6 months, but permanent color change is a rare risk. Avoiding sun exposure before and after the treatment reduces the risk of color change.
3. Infection: Although infection following treatment is unusual, bacterial, fungal and viral infections can occur. Herpes simplex virus infections around the mouth can occur following a treatment. This applies to both individuals with a past history of herpes simplex virus infections and individuals with no known history of herpes simplex virus infections in the mouth area. If any type of skin infection occurs, additional treatments or medical antibiotics may be necessary.
4. Bleeding: Pinpoint bleeding is rare but can occur following treatment procedures. Should pinpoint bleeding occur, additional treatment at the affected area may be necessary.
5. Allergic Reactions: In rare cases, local allergies to tape, preservatives used in cosmetics or topical preparations have been reported. Systemic reactions (which are more serious) may result from prescription medicines.
6. Compliance with the aftercare guidelines is crucial for healing, prevention of scarring, and hyper-pigmentation.

There is also the possibility that other side effects or complications not presently known, recognized, described to you now or understood may develop now or in the future. A number of side effects, risks, and complications can occasionally be seen. These include, but not limited to the following complications.

EACH TREATMENT, YOU MAY EXPERIENCE:

- Itching on or around area treated
- Redness around the area treated
- Swelling around the area treated
- Tingling or feeling of numbness

THE FOLLOWING RISKS, SIDE EFFECTS AND COMPLICATIONS ARE RARE, HOWEVER, TEMPORARY:

- Purpura (purple bruising)
- Pigment change (hypo, hyper)
- Failure to improve 'quality of life', initial unsightly appearance
- Infection (picking at the area treated)
- Crusting/scab on ingrown hairs
- Interruption of daily life, work routine, home/family life or social life

ACKNOWLEDGMENT:

- I understand that there are **no guarantees** from the treatments provided.
- My questions regarding the procedure have been answered satisfactorily.
- I understand the procedure and accept the risks.
- I hereby release the certified laser specialist(s), Ana Maben, from all liabilities associated with the above indicated procedure(s).
- I understand that exposure of my eyes to laser light could harm my vision. I must keep the eye protection on at all times

Client/Guardian Signature _____ Date _____

Certified Laser Specialist Signature _____ Date _____

Medical Director Signature _____ Date _____

All information is strictly confidential

PERSONAL HISTORY

Client Name _____ Today's Date _____

Home Address _____

City _____ State _____ Zip _____ Birth date _____

Best daytime phone (_____) _____ Alternate phone (_____) _____

Would you like to receive special discount offers via email? Yes No

Email address _____

Emergency Contact Name and Phone _____

How did you hear about us? _____

Which of the following best describes your skin type? (Please circle one type number)

- I - Always burns, never tans
- II - Always burns, sometimes tans
- III - Sometimes burns, always tans
- IV - Rarely burns, always tans
- V - Brown, moderately pigmented skin
- VI - Black skin

How often do you use tanning salons or sun bathe? Once a week Once a month Seldom/Never

MEDICAL HISTORY

Are you currently under the care of a physician? Yes No

If yes, for what: _____

Are you currently under the care of a dermatologist? Yes No

If yes, for what: _____

Do you have a history of erythema abigne, which is a persistent skin rash produced by prolonged or repeated exposure to moderately intense heat or infrared irritation? Yes No

Do you have any of the following medical conditions? (Please check all that apply)

- Cancer Diabetes High blood pressure Herpes Arthritis Frequent cold sores HIV/AIDS
- Hepatitis Keloid scarring Skin disease/Skinlesions Seizure disorder Hormone imbalance
- Thyroid imbalance Blood clotting abnormalities Any active infection

Please explain _____

Do you have any other health problems or medical conditions we should know about?

Please list: _____

Have you ever had an allergic reaction to any of the following? (Please check all that apply)

Food Latex Aspirin Lidocaine Hydrocortisone Hydroquinone or skin bleaching agents

Explain reaction: _____

MEDICATIONS

Have you ever taken **Accutane**? Yes No If yes, when did you last use it? _____

What oral medications are you presently taking? Birth control pills Hormones Others

Please list: _____

Are you on any mood altering or anti-depression medication? Yes No What type? _____

What topical medications or creams are you currently using? RetinA® Others

Please list: _____

What herbal supplements do you use regularly? _____

SKIN HISTORY

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

Have you ever had laser hair removal? Yes No

Have you used any of the following hair removal methods in the past six weeks?

Waxing Electrolysis Plucking Tweezing Stringing Depilatories

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

Do you get hyper-pigmentation (darkening of the skin) or hypo-pigmentation (lightening of the skin) or marks after physical trauma? Yes No

Please describe: _____

For our female clients:

Are you pregnant or trying to become pregnant? Yes No

Are you breast feeding? Yes No

Are you using contraception? Yes No

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, esthetician, therapist, doctor or nurse of my current medical or health conditions and to update this history. A current medical history is essential for the caregiver to execute appropriate treatment procedures.

Client Signature _____ Date: _____

Medical Director _____ Date: _____