

**Information and Health History
 Laser Hair Removal**

First Name	Middle Initial	Last Name	Date
Address		City, State	Zip Code
Date of Birth			
Home Phone	Alternate Phone	Email	Sex
In case of emergency, please contact			Phone Number
Primary Care Provider			Phone Number

Are you pregnant? Yes No

Pigmentation:

When exposed to the sun, do you: Always Burn Usually Burn Sometimes Burn Rarely Burn Never Burn

Have you been tanning recently? Yes No If yes, how recently _____

What is your ethnicity? _____

Please check any of the areas in which you have unwanted hair:

- Lip Legs Bikini Abdomen Other: _____
 Chin Nape Chest Underarms

Please check if you have ever had a problem with any of the following skin related issues:

- Cold Sores/Fever Blisters Keloid Scarring Skin Lesions
 Shingles Psoriasis Other: _____

Please check if you have previous had any of the following procedures:

- Chemical Peel/ Dermabrasion Plastic Surgery/Implants Spider Vein Treatment
 Permanent Makeup Facial Injection(s) Other Laser Treatment(s)

Have you previously used any of the following:

- Retin A Kojic Acid Hydroquinone

Have you previously taken any of the following:

- Accutane Zovirax Valtrex
 Hormone Supplements Famvir

Please list any allergies to any medication: _____

Please provide a list of medications you have taken, or are taking over the last month:

Medication	Dosage (strength)	How Often	Reason for Medication

Cancellation Policy:

Please inform us if you are unable to keep your appointment. All cancellations less than 24 hours prior to appointment time are chargeable.

I fully understand the above acknowledgement and give my consent for treatment.

Patient Signature

Date

Technician Signature

Date

Consent for Laser Hair Removal Treatments

This form is designed to give you the information required to make an informed choice on whether or not to undergo treatment for laser hair removal. If you have any questions, please do not hesitate to ask. Although laser hair removal is quite effective in most cases, no guarantee can be made that a specific client will benefit from treatment. The areas may not completely clear, but the hair often becomes thinner and lighter after treatment. However, some people and some hairs may not respond at all to this treatment.

What are the side effects and possible complications of the LIGHT SHEER™ laser process?

Pain: Individual responses to treatment with the LIGHT SHEER laser vary significantly. Many people feel some discomfort during treatment. This may range from moderate to minimal, but fortunately is of short duration. Although a topical anesthetic may be used to reduce or eliminate discomfort, most people can tolerate the treatment without anesthetic. After treatment, the area may feel similar to sunburn.

Pigment Changes: The treated area may heal with increased pigmentation (hyperpigmentation). Some clients have a predisposition to this type of reaction and may have experienced it with minor cuts, abrasions, or even acne lesions. It is advisable to protect the treated area from sunlight exposure for at least 3 months following treatment to minimize chances of hyperpigmentation. In some clients, hyperpigmentation may occur although the area has been protected from the sun. Hyperpigmentation usually fades away in 3 to 6 months. Rarely, however, the excess pigment may become permanent. In some clients the treated area may lose pigmentation (hypopigmentation) and become lighter in color than the surrounding skin. This type of reaction tends to gradually fade away and return to normal over a period of 3 to 4 months. With repeated LIGHT SHEER laser treatment, the pigment loss may become more persistent, and require more time to return to normal. There is some risk of permanent pigment loss, but this is rare.

Scarring: Scarring is always a possibility whenever there is any disruption of the skin surface. As a result, there is a slight chance of scarring, including hypertrophic scars (enlarged scars) or rarely keloid scars (heavy raised scar formation). To minimize the chances of scarring, it is important that you follow all post-procedure instructions carefully.

Eye Exposure: While there is a risk of inadvertent harmful eye exposure to laser energy, safeguards have been provided including the use of protective eyewear during treatment. It is important that you keep these protective goggles on at all times during treatment.

Your chosen treatment is the LIGHT SHEER™ laser. Your consultant has explained the theory of this laser and any risks, including possible complications and benefits. The number of treatments with the LIGHT SHEER laser will vary depending on the hair density, anatomic location, color and age of client. The consultant has also explained treatment protocols, laser safety issues and any necessary precautions.

By signing below, you acknowledge that you have been given the opportunity to ask questions and have received satisfactory answers. Acknowledge that no guarantee or assurance has been made by anyone regarding the procedure which you have herein requested and authorized.

And, hereby authorize Schenden's Medical Day Spa and their delegated associates to perform and assist in the LIGHT SHEER laser procedure. Authorize the taking of any photographs in the course of the laser procedure for the purposes of medical education and documentations. Certify that you have read and fully understand the contents of this consent form before signing your name below.

By signing below, you acknowledge that you have read the foregoing laser procedure consent form and that you feel the technician has adequately informed you of possible complications and risks of laser hair removal, alternative methods of treatment, benefits, and the risks of not treating my condition. You have informed the Schenden's Medical Day Spa consultant that all of the information of your medical and personal history is correct to perform laser hair removal, that you have recorded on the patient questionnaire to be true, and hereby consent to laser hair removal to be performed.

Patient Signature

Date

Technician Signature

Date

Laser Hair Removal Instructions

Prior to LIGHT SHEER™ Laser Treatment:

No tanning or sun exposure for 1 month before treatment. Use sunscreen.

Follow these instructions depending on what your current hair removal method is:

- Waxing and/or plucking - stop at least 6 weeks before treatment. Switch to shaving if necessary. Remember to shave the day of your appointment.
- Electrolysis - stop at least 1 month prior to treatment. Switch to shaving if necessary.
- No previous hair removal of the area - shave entire area the day of the appointment.

For Pigmented Skin Types:

- Begin pretreatment with prescribed skin lightening cream(s): _____
Apply to area twice a day for 5 weeks. Stop 1 week prior to treatment. Reduce frequency to once a day or once every other day if your skin becomes excessively dry or irritated.

Day of LIGHT SHEER™ Laser Treatment:

Wear loose clothing, which allows easy access to treatment sites. Bikini or swimsuits are suitable for legs and upper thighs.

The laser treatment feels like a mild sunburn. Treatment time varies according to areas and should not exceed four (4) hours. Most treatments are completed within 1 hour.

The treated areas will appear red with slight swelling around the treated hairs. A soothing lotion or ice pack may be applied immediately after the treatment.

After LIGHT SHEER™ Laser Treatment:

Apply a thin film of Vaseline or Aquaphor healing ointment to the treated area twice daily.

Do not pick or scratch at any crusting. Infection is a real possibility if you do.

Use local cold (frozen peas or corn in zipper plastic bag) for up to 5 minutes at a time.

Take over the counter non-aspirin pain relievers for discomfort.

Avoid sun exposure of the treated area for at least 4 weeks. Once healed, use a sun block of SPF15 or greater to reduce the likelihood of the skin darkening at the treated sites.