

Laser Treatment Questionnaire

Today's Date _____ Appointment Time _____
First Name _____ Last Name _____
Date of Birth _____ Age _____ Gender: Male Female
Address _____
Phone _____ home / mobile
e-mail _____
How did you hear about us? _____

Please list the prescription medications you are currently taking:

_____.

Drug Allergies: _____.

Goal or Reason for Visit:

- Laser hyperpigmentation/ dark spot treatment.
- Laser hair removal.
- Laser spider vein treatment.

Have you ever had a cold sore on your lip? No Yes, Last Time:

Do you have a history of easy bruising or bleeding problems? No Yes

Do you have a history of darkening of the skin after injury? No Yes

Are you breastfeeding? No Yes

Have you used or are you using Retin-A or Renova? No Yes, Last Time:

Have you used or are you currently using Accutane, tetracycline, or St. John's Wort?
No Yes, Last Time:

Have you had sun exposure with in the last 2-4 weeks? No Yes

Have you had any form of hair removal, aside from shaving, with in the last 10 weeks. This includes tweezing, waxing, or laser.
No Yes

Laser Hair Removal Consent

I _____ (patient's name), authorize the staff at Solon Vein Clinic to perform laser hair removal treatment(s) on me.

Laser hair removal is a non-invasive laser treatment designed to remove unwanted hair from all parts of the body. The laser device works by emitting pulses of light. The laser needs to fill the hair follicle to work effectively. It is important not to wax, tweeze, have electrolysis procedures or pluck hair for 2 weeks prior to the procedure.

I understand that serious complications are rare but possible. Common side effects include temporary redness, swelling and mild "sunburn" like effects that may last a few hours to 3-4 days or longer on the treated area. Other potential risks include itching, pain, bruising, burns, infection, scabbing, blistering, hypopigmentation, hyperpigmentation, scarring, and failure to achieve the desired result(s). Initial: _____.

I understand that a single procedure will not completely remove all my unwanted hair on the treated area. Multiple treatments are required. Individual response will vary according to skin types, hair color, degree of tanning, follow up care, and the body area being treated. Treatment of dark course hair generally achieves the best results while removal of light fine hair generally requires additional treatments which may or may not be successful. It generally takes 10-21 days after procedure for the treated hair to fall out.

I understand that treatment can be painful, but is typically managed without any pain relief medication. Discomfort generated by the laser pulse is most commonly described as heat or slight burning against the skin. Color changes, such as hyperpigmentation (brown/red discoloration) or hypopigmentation (skin lightening), may occur in the treated skin. This may take several months to resolve, if at all. Unprotected sun exposure in the weeks following treatments is contraindicated as it may cause or worsen this condition. Blistering of the skin may occur. Scarring happens but is very uncommon.

Laser can cause eye injury and protective eyewear must be worn during treatment. I understand that sun or tanning lamp exposure and not adhering to the post-care instructions provided to me may increase my chances of complications. I understand that **no refunds** will be given for treatments or for treatments paid in advance.

Generally you are not a good candidate for laser hair removal if you are pregnant, nursing or plan to become pregnant while undergoing treatments. Individuals who have used Accutane within the past six months , have a history of melanoma, or have used any medications requiring limited exposure to sunlight are not candidates for laser hair removal. Individuals with recently tanned skin are advised to delay undergoing treatment until tan has completely faded. It is also important to shave the area same day or the day prior to treatment session.

By signing this informed consent, you understand and agree as follows (check all that apply):

- 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 laser hair removal the reviewing my health status, I believe I am a good candidate.
- I understand laser hair removal is an elective procedure and hereby freely accept all possible risks, complications, and side effects that may result from this procedure.
- I agree to follow all post-procedure instructions.
- I understand that no guarantees have been made to me regarding the outcome of laser hair removal.
- This consent form is valid for all future laser hair removal treatments performed, and I will alert the staff if there are any future changes to my medical history, or if I become pregnant.

Patient Signature

Date

Laser Treatment Financial Policy

It is suggested all patients arrive 10 minutes prior to scheduled appointment to optimize treatment time. Prompt arrival is appreciated. **If you are more than 10 minutes late for your appointment, you are subject to be rescheduled and no refunds will be offered for missed treatments.**

We require 24 hours notice to reschedule or cancel an appointment. Same day cancellations/ no shows/ tardiness, reschedules will incur a non-negotiable \$50.00 fee or forfeiture of one prepaid session. Payment will be collected prior to the next appointment.

It is your responsibility to add scheduled appointments to your calendar- Solon Vein Clinic is not responsible for your missed appointments.

Patient's Name: _____ . Date: _____

Patient's Signature: _____ .