

Informed Consent for Hair Removal

Customer's name: _____ Date: _____

Treatment sites: mono-brow, lip, chin, neck, face, arms, fingers, chest, areola, linea, underarms, back, buttocks, bikini, labia, scrotum, thighs, lower legs, feet, and toes.

Combinations: _____

Previous hair removal methods _____ (shaving, tweezing, waxing, depilatories, electrolysis, laser)

The purpose of this procedure is to diminish or remove unwanted hair. The procedure requires more than one treatment and may produce permanent hair removal. The total number of treatments will vary between individuals. On occasion there are patients that do not respond to treatments. The treated hair should exfoliate or push out in approximately 2-3 weeks.

Alternative methods are waxing, shaving, electrolysis, and chemical epilation.
The following problems may occur with the hair removal system.

- 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. Should any type of skin infection occur, additional treatments or medical antibiotics may be necessary.
- 4. Bleeding:** Pinpoint bleeding is rare but can occur following treatment procedures. Should bleeding occur, additional treatment 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.** I understand that exposure of my eyes to light could harm my vision. I must keep the eye protection goggles on at all times.
- 7.** Compliance with the aftercare guidelines is crucial for healing, prevention of scarring, and hyper-pigmentation.

Occasionally, unforeseen mechanical problems may occur and your appointment will need to be rescheduled. We will make every effort to notify you prior to your arrival to the office. Please be understanding if we cause you any inconvenience.

ACKNOWLEDGMENT:

My questions regarding the procedure have been answered satisfactorily. I understand the procedure and accept the risks. I hereby release S Phipps(individual) and Skin Renew Otley (facility) from all liabilities associated with the above indicated procedure.

Client/Guardian Signature _____ Date _____

Laser Technician Signature _____ Date _____

Consent for Subsequent Treatment SHR/IPL/Laser

I certify that I have not been tanning and that no changes to my medical history or medication have taken place since my previous treatment

Client Signature

Date

Printed name of signatory: _____

Consent for Subsequent Treatment

I certify that I have not been tanning and that no changes to my medical history or medication have taken place since my previous treatment

Client Signature

Date

Printed name of signatory: _____

Consent for Subsequent Treatment

I certify that I have not been tanning and that no changes to my medical history or medication have taken place since my previous treatment

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Printed name of signatory: _____

Consent for Subsequent Treatment

I certify that I have not been tanning and that no changes to my medical history or medication have taken place since my previous treatment

Client Signature

Date

Printed name of signatory: _____

IPL Client Medical History Information

Name: _____ Birth Date: ____/____/____ Age: _____

Address: _____ Sex: M / F

City: _____ Post Code: _____

Home: (____) _____ Work: (____) _____ Mobile: (____) _____

E-mail: _____

Emergency Contact: _____ Telephone: (____) _____

Allergies: _____

How did you hear about us? _____

Please put a check mark next to a past or current medical condition or treatment:

Medical History:

- | | |
|--|--|
| <input type="checkbox"/> Lupus or other auto-immune deficiency | <input type="checkbox"/> Herpes simplex (Cold Sores) or fever blisters |
| <input type="checkbox"/> Pregnant | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Graves Disease (Hyperthyroidism) Hashimoto's Disease (Hypothyroidism) and/or Treatment with Thyroxine | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Bleeding abnormalities | <input type="checkbox"/> Scars that turn white or brown |
| <input type="checkbox"/> Blood thinning medication (except low dose Aspirin) | <input type="checkbox"/> Dark spots after pregnancy or after skin injury |
| <input type="checkbox"/> Keloid or very thick scarring | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Psoriasis or Vitiligo | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Pulmonary embolism/blood clot | <input type="checkbox"/> Waxing/Plucking/Electrolysis within last 6 weeks |
| <input type="checkbox"/> Leg ulcer or Phlebitis | <input type="checkbox"/> Hirsutism / Polycystic Ovarian Syndrome |
| <input type="checkbox"/> Rheumatoid Arthritis "Gold" | <input type="checkbox"/> Transplant Anti-Rejection Drugs |
| <input type="checkbox"/> Therapy | <input type="checkbox"/> Treatment with Accutane® in the last 6 months |
| <input type="checkbox"/> Photodynamic Therapy (PDT) within last 3 months | <input type="checkbox"/> Chemical Peels, Dermabrasion, Laser Skin Resurfacing or Face Lift |
| <input type="checkbox"/> Chemotherapy or Radiotherapy within the last 3 months | <input type="checkbox"/> Botox and/or Fillers in the treatment area within the last 2 months |

Please list any other medications or herbal supplements that you are currently taking:

Client Signature _____

Date _____

Skin Typing

NAME _____ DATE _____

Please answer the following questions by circling the number which best describes you. We will total the score during the consultation.

My ethnic origin is closest to: (check one)	I. Very fair (Celtic and Scandinavian)	<input type="checkbox"/>
	II. Fair-skinned Caucasians with light hair and light eyes	<input type="checkbox"/>
	III. Pale-skinned Caucasians with dark hair and dark eyes	<input type="checkbox"/>
	IV. Olive-skinned (Mediterranean, some Asian, some Hispanic)	<input type="checkbox"/>
	V. Dark-skinned (Middle Eastern, Hispanic, Asians, some Africans)	<input type="checkbox"/>
	VI. Very dark-skinned (African)	<input type="checkbox"/>

My eye color is:	Light blue	0
	Blue/green	1
	Green/gray/golden	2
	Hazel/light brown	3
	Brown	4

My natural hair color at age 18 was:	Red	0
	Blonde	1
	Light brown	2
	Dark brown	3
	Black	4

The color of my skin that is not normally exposed to sun is:	Pink to reddish	0
	Very pale	1
	Pale with a beige tint	2
	Light brown	3
	Medium to dark brown	4
	Dark brown-black	6

If I go out into the sun for an hour or so without sunscreen and have not been out in the sun for weeks, my skin will:	Burn, blister and peel	0
	Burn, then when the burn resolves there is little or no color change	1
	Burn, but then turns to tan in a few days	2
	Get pink, but then turns to tan quickly	3
	Just tan	4
	Just gets darker	5
	My skin color is so dark I can't tell	6

When was the last time the area to be treated was exposed to strong sunlight, tanning booths or artificial tanning cream?	Longer than one month ago	0
	Within the past month	1
	Within the past two weeks	3
	Within the past week	4

Total Score: _____

If your score is:	Your skin type is:	Notes:
0 - 3	I	
4 - 7	II	
8 - 11	III	
12 - 15	IV	
16 - 19	V	
20 - 24	VI	

HAIR REMOVAL AFTER CARE FORM

Post Treatment Instructions:

1. Immediately after the treatments, there should be redness and bumps at the treatment area, which may last up to 2 hours or longer. It is normal for the treated area to feel like sunburn for a few hours. You should use a cold compress if needed. If any crusting, apply antibiotic cream. Some physicians recommend aloe vera gel or some other after sunburn treatment such as Desitin. Darker pigmented people may have more discomfort than lighter skin people and may require the aloe vera gel or an antibiotic ointment longer.
2. Makeup may be used after the treatment, unless there is epidermal blistering. It is recommended to use new makeup to reduce the possibility of infection. Just make sure that you have moisturizer on under your makeup. In fact, moisturizer will help the dead hair exfoliate from the follicle, so use moisturizer frequently and freely on the treated area. Any moisturizer without alpha-hydroxy acids will work.
3. Avoid sun exposure to reduce the chance of dark or light spots for 2 months. Use sunscreen SPF 25 or higher at all times throughout the treatment and for 1-2 months following.
4. Avoid picking or scratching the treated skin. DO NOT USE any other hair removal methods or products on the treated area during the course of your laser treatments, as it will prevent you from achieving your best results.
5. You may shower after the laser treatments, and use soap, deodorant, etc. The treated area may be washed gently with a mild soap. Skin should be patted dry and NOT rubbed. You may apply deodorant after 24 hours.
6. Anywhere from 5-30 days after the treatment, shedding of the hair may occur and this may appear as new hair growth. This is not new hair growth, but dead hair pushing its way out of the follicle. You can help the hair exfoliate by washing or wiping with a washcloth.
7. Hair re-growth occurs at different rates on different areas of the body. New hair growth will not occur for at least three weeks after treatment.
8. Call your physician's office with any questions or concerns you may have after the treatment

Please note: Stubbles, representing dead hair being shed from the hair follicle, will appear within 10-20 days from the treatment date. This is normal and will fall out quickly.