



Advanced Skin Care & Laser

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## Laser Hair Removal History Questionnaire and Waiver

In order to provide you with the most appropriate laser treatment, we need you to complete the following questionnaire. All information is strictly confidential.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Email Address: \_\_\_\_\_

Which of the following best describes your skin type? (please circle on 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

Do you regularly use tanning salons or sun bathe? YES\_\_\_\_ NO\_\_\_\_

If yes, how often? \_\_\_\_\_

### Health History

Are you currently under the care of a physician?: YES\_\_\_\_ NO\_\_\_\_

If yes, for what? \_\_\_\_\_

Have you seen a dermatologist in the past year?: YES\_\_\_\_ NO\_\_\_\_

If yes, for what? \_\_\_\_\_

Do you have any 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 conditions? (please check all that apply)

- \_\_Cancer \_\_Diabetes \_\_High blood pressure \_\_Herpes \_\_Arthritis
- \_\_Frequent cold sores \_\_HIV/AIDS \_\_Keloid scarring \_\_Skin disease/Skin lesions
- \_\_Seizure disorder \_\_Hepatitis \_\_Hormone imbalance \_\_Thyroid imbalance
- \_\_Blood clotting abnormalities \_\_Any active infection (please explain)

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Do you have any other health problems or medical conditions? Please list:

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Have you ever had an allergic reaction to any of the following? (please check all that apply and describe your experience)

☐ Food ☐ Latex ☐ Aspirin ☐ Lidocaine

☐ Hydrocortisone ☐ Hydroquinone or skin bleaching agents

☐ Others: \_\_\_\_\_

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## Medications

What oral medications are you presently taking? ☐ Birth Control pills ☐ Hormones

☐ Other (please list) \_\_\_\_\_

Are you on any mood altering or anti-depression medication?: \_\_\_\_\_

Have you ever used Accutane? YES ☐ NO ☐ If yes, when was the last time used? \_\_\_\_\_

What topical medications or creams are you currently using? ☐ Retin A ☐ Others (please list)

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What herbal supplements do you use regularly? \_\_\_\_\_

## History

Have you ever had laser hair removal? YES ☐ NO ☐

Have you used any of the following hair removal methods in the past six (6) weeks?

☐ Shaving ☐ Waxing ☐ Electrolysis ☐ Plucking ☐ Tweezing ☐ Stringing ☐ Depilatories

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 this or raised scars from cuts or burns? YES ☐ NO ☐

Do you have Hyperpigmentation (darkening of the skin) or Hypopigmentation (lightening of the skin) or marks after physical trauma? YES ☐ NO ☐ If yes, please describe:

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**For female clients**

Are you pregnant or trying to become pregnant? YES\_\_\_\_ NO\_\_\_\_

Are you breastfeeding? YES\_\_\_\_ NO\_\_\_\_

I have acknowledged that all the information provided by me is true and correct to the best of my knowledge. I understand that some skin conditions may require more than one treatment and home care products to achieve the result desired. Results can not be guaranteed due to individual skin types and conditions. I understand I need to sign this waiver prior to every treatment provided with ANY changes pertaining to the above questionnaire.

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CLIENT SIGNATURE

DATE

\_\_\_Please check if permission is granted to use pictures for marketing and training purposes. Your name will remain anonymous.

## **Informed Consent**

### **Laser / IPL Hair Removal**

A laser or broad-spectrum, non-coherent flash-lamp (IPL) can be used to reduce unwanted hair. It only affects hair that is actively growing. For this reason, complete destruction of all hair from any one treatment is unlikely, and several treatments are required to obtain a significant, long-term reduction of hair growth. As with all procedures in cosmetic medicine, some individuals show a dramatic improvement, while others show little improvement. The people who have a poor response to laser/IPL hair removal are often those with red or blonde hair or hair that has a finer texture, and they may be disappointed. White and grey hair is not affected by laser/IPL devices. Due to multiple types of hair, you acknowledge that there are no guarantees, warranties, or assurances that you will be satisfied with your results. In our experience, approximately 10% of the population does not respond to laser/IPL hair reduction. As hair grows in cycles, multiple treatments offer the best results.

#### **Contraindications for this treatment include:**

1. Unprotected sun exposure, tanning beds, and sunless tanners 3-4 weeks prior
  2. Waxing of the area within the last 8 weeks
  3. Use of depilatory creams or bleach 4-6 weeks prior
  4. Pregnancy or nursing mothers
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5. Temporary dermal fillers within the last 2 weeks
6. Permanent fillers particularly silicone (silicone insulates creating much heat)
7. History of seizures
8. History of keloid scarring
9. Active infection, undiagnosed lesions, warts, tattoos in the treatment area
10. History of cold sores (Herpes Simplex); treatments can reactivate herpes, and prophylactic medication may be recommended
11. Retin-A and similar products 3 days before and 7 days after

**I am aware of the following risks:**

1. Mild to moderate discomfort or pain. Many patients describe the sensation as the "snap of a rubber band" against the skin. This facility does not use topical anesthetics prior to laser hair removal.
2. Slight redness or swelling. The treated area may have some redness and swelling, which usually resolves within 1-7 days.
3. Tenderness. Lasting several days.
4. Sun sensitivity. In the treated area. Avoid the sun and use sunblock of at least SPF 15-30
5. Acne breakout. May follow laser/IPL hair reduction treatments.

**Though rare with this procedure, I am aware the following may also be considered a risk:**

- Wound healing. Laser/IPL therapy can result in blistering, crusting, or flaking of the treated areas, which may require one to two weeks to heal. Once the surface is healed, it may be pink or sensitive to the sun for an additional two (2) to four (4) weeks, or longer in some patients.
  - Bruising/Infection. With some devices, bruising of the treated area may occur. Additionally, a skin infection is a possibility although rare, whenever a laser skin procedure is performed.
  - Pigment changes (Skin Color). During the healing process, there is a slight possibility that the treated area can become either lighter or darker in color compared to the surrounding skin. This is usually temporary, but, on rare occasion, it may be permanent.
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***Please initial***

\_\_\_ I understand that exposure of my eyes to light could harm my vision. I must keep the eye protection goggles on at all times.

\_\_\_ Compliance with the aftercare guidelines is crucial for healing, prevention of scarring and hyper-pigmentation.

My questions regarding the procedure have been answered satisfactorily. I understand the procedure and accept the risks.

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CLIENT SIGNATURE

DATE

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LASER TECHNICIAN SIGNATURE

DATE

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