

Does your skin Hyper (darken) or Hypo (lighten) Pigment after physical trauma? YES NO

Are you under the care of a Physician for, or have you ever had, any of the following: Circle yes, or describe

Other: _____

AIDS/HIV	YES	EPILEPSY	YES	KIDNEY DISEASE	YES
ARTHRITIS	YES	GENITAL HERPES	YES	METAL PINS IN BODY	YES
AUTOIMMUNE DISORDER	YES	HEMOPHILIA	YES	MELANOMA	YES
BLOOD DISORDERS	YES	HEART CONDITION	YES	PACEMAKER	YES
CANCER (radiation, skin)	YES	HEPATITIS	YES	PCOS (polycystic ovarian)	YES
COLD SORES	YES	HIRSUTISM	YES	SHINGLES	YES
CONTACT LENSES	YES	HIGH BLOOD PRESSURE	YES	VITILIGO	YES
DERMATITIS/ECZEMA	YES	HORMONAL IMBALANCE	YES		
DIABETES	YES	KELOID SCARS	YES		

Refer to our Drug List and list medications you are taking: _____

Informed Consent For Hair Removal

The purpose of this procedure is to diminish or remove unwanted hair. This 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. The following problems may occur with the hair removal system: However slight, **there is a risk of scarring**. Short term affects 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. **Infection:** Although an 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 in the mouth area. Should any type of skin infection occur, additional treatments, or medical antibiotics may be necessary. **Bleeding:** Pinpoint bleeding is rare but can occur following treatment. Should bleeding occur, additional treatment may be necessary. **Allergic Reaction:** In rare cases, local allergies to tape, preservatives used in cosmetic or topical preparations have been reported. Systemic reactions (which are more serious) may result from prescription medicines. Occasionally, unforeseen mechanical problems may occur and your appointment will need to be rescheduled. Please be understanding if we cause you an inconvenience.

_____(Client Initials) **I understand that exposure of my eyes to light could harm my vision; I must keep the eye protection goggles on at all times. I understand that compliance with the aftercare guidelines is crucial for healing, prevention of scarring, and hyper/hypo pigmentation.**

My questions regarding the procedure have been answered satisfactorily; I understand the procedure and accept the risks. I hereby release LaserDerm MedSpa, and any laser technician from all liabilities associated with the procedure. I certify that the preceding medical, personal and skin history statements are true and correct, and that it is my responsibility to inform and update the Laserderm Medspa staff of my current medical or health conditions. A current medical history is essential for the caregiver to execute appropriate treatment procedures.

Client/Guardian: _____ Date: _____

Client Initials _____

Successful laser hair removal is highly dependent on patient cooperation. Following these pre and post treatment instructions are the client's responsibility and will help to ensure the safety and effectiveness of treatments.

Pre-Treatment Instructions:

Avoid the sun for at least 2-3 weeks, and tanning beds for 4-6 weeks before your appointment. Wear an SPF of at least 30 daily. If you are sunburned you will not be treated and will need to reschedule your appointment. Do not wax, tweeze, use depilatories, receive electrolysis or laser hair removal for at least 4 weeks (2 weeks for facial hair) on the area to be treated before your appointment. Do not use Retin A cream in the area to be treated for at least one week before your appointment. Do not use self tanners for at least 2 weeks before your appointment. Please shave the area being treated the day before your appointment. Try to avoid wearing makeup, deodorant, lotions, creams and perfume the day of your appointment.

Do not use Aspirin, Ibuprofen, Aleve or any cold medications for at least 48 hours before your appointment. Do not use any photo sensitive medications or herbal remedies for at least 48 hours before your appointment. Check our Drug List for medications and herbal supplements that could cause you to be photo sensitive. Consult your Physician about any medications you are currently being prescribed before discontinuing use. Please inform your technician if you have been taking any medications from our drug list, or anytime your medication routine changes.

Post Treatment Instructions:

Some slight swelling, tenderness and redness on the treated area is normal and usually disappears within 2 hours. Some redness, which is often described as a mild sunburn, can last for up to 3 days. Try Aloe Vera, ice packs or an OTC pain reliever to ease any discomfort. A post laser kit can be purchased at our spa. Use warm water and a mild soap to cleanse the area. Pat to dry. Do not rub, or use harsh scrubs. Wear an SPF of 30 or higher daily. Do not pick, peel or pop any pustules that appear. Please refrain from waxing, plucking, depilatories and bleaching between treatments (shaving is ok). After treatments, avoid sun bathing and tanning beds for at least 4-6 weeks, saltwater, chlorine, hot tubs and saunas for at least 48 hours. Make up can be used immediately after, unless there is blistering. Please contact us immediately if you experiences any abnormal skin reactions or extreme swelling.

Each appointment will be scheduled 4-8 weeks apart. It is very important to stay on schedule with your treatments for best results.

Laserderm Medspa
232 3rd Avenue North
Franklin, TN 37064

Client Initials _____