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LASER TREATMENTS – CLIENT INFORMATION AND CONSENT

NAME_____PHONE _____

HAVE BEEN ADVISED TO UNDERGO LASER (SKIN RESURFACING/HAIR REMOVAL/TATTOO REMOVAL/PIGMENT REDUCTION) FOR MY SKIN CONDITION _____

I HEREBY GIVE MY CONSENT AFTER BEING EXPLAINED ABOUT THE PROCEDURE BY

DR _____

I ALSO STATE THAT I HAVE UNDERSTOOD THE FOLLOWING INFORMATION:

1. I AM AWARE THAT THIS IS A COSMETIC PROCEDURE AND I HAVE BEEN INVOLVED IN DECISION MAKING ABOUT THE CHOICE OF TREATMENT. I HAVE BEEN INFORMED ABOUT DIFFERENT OPTIONS AVAILABLE.
2. I AM AWARE THAT LASER WILL BE USED FOR THE PROCEDURE.
3. I AM ALSO AWARE THAT THE PROCEDURE WILL BE PERFORMED IN INCREASING DOSAGE.
4. I AM ALSO INFORMED THAT SEVERAL SESSIONS MAY BE NECESSARY FOR DESIRABLE RESULTS. THE NUMBER OF SESSIONS CANNOT BE PRECISELY GUARANTEED AND ARE VARIABLE FROM PATIENT TO PATIENT. I HAVE BEEN INFORMED THAT MOST PATIENTS RESPOND WITH IN 6-10 SESSIONS, THOUGH RARELY MORE SESSIONS MAY BE NEEDED.
5. I HAVE BEEN INFORMED THAT I MAY EXPERIENCE MILD BURNING DURING THE PROCEDURE AND FOR FEW DAYS AFTER PROCEDURE.
6. I AM AWARE THAT THE SKIN MAY BECOME SLIGHTLY REDDISH /BROWNISH FOR FEW DAYS AFTER THE PROCEDURE.
7. I HAVE BEEN INFORMED:

A) TO USE SUN BLOCKS REGULARLY.
B) TO AVOID IRRITANTS, SOAPS FOR 1 WEEK.
C) TO AVOID SUNLIGHT FOR 2 WEEKS.
D) TO USE HYDROCORTISONE CREAM FOR 1 WEEK.
E) TO USE TAB CETRIZINE IF BURNING SENSATION PERSISTS.
F) TO STOP HYDROCORTISONE CREAM ONCE ERYTHEMA SUBSIDES / AFTER 1 WEEK.

8. I AM AWARE THAT IMPROVEMENTS MAY TAKE FEW WEEKS TO OCCUR AND THAT I MAY NEED FURTHER FOLLOW-UP
9. I AM AWARE OF MY MEDICAL CONDITION CALLED PCOD. I HAVE BEEN INFORMED THAT THE NUMBER OF SESSIONS OF LASER REMOVAL TREATMENT CANNOT BE PREDICTED ACCURATELY DUE TO MY HORMONAL PROBLEM. AN AVERAGE OF 6-12 SESSIONS MAY BE REQUIRED AND I AGREE TO TAKE ADDITIONAL SESSIONS AS AND WHEN REQUIRED. I ALSO AGREE TO UNDERGO TREATMENT FOR PCOD PROBLEM SIMULTANEOUSLY

SKIN CARE HISTORY

WHICH OF THE FOLLOWING MOST CLOSELY DESCRIBES YOUR SKIN TYPE?

I	CREAMY COMPLEXION	ALWAYS BURNS EASILY, NEVER TANS.
II	LIGHT COMPLEXION	ALWAYS BURNS, MAY TAN SLIGHTLY.

III	LIGHT / MATTE COMPLEXION	BURNS MODERATELY, TANS GRADUALLY.
IV	MATTE COMPLEXION	SELDOM BURNS, ALWAYS TANS WELL.
V	BROWN COMPLEXION	RARELY BURNS, DEEP TAN.
VI	BLACK COMPLEXION	NEVER BURNS, DEEPLY PIGMENTED.

DO YOU HAVE ANY SPECIAL SKIN PROBLEMS OR CONCERNS? _____

PLEASE MENTION AREAS OF CONCERN YOU HAVE REGARDING YOUR SKIN:

DO YOU HAVE AN **ALLERGIC REACTION** TO ANY MEDICINE OR FOOD:

PLEASE INITIAL (PLEASE READ CAREFULLY)

_____ I AM NOT PREGNANT
_____ I HAVE NOT RECEIVED RADIATION TREATMENTS
_____ I HAVE NOT USED GLYCOLIC ACID FOR 24 HRS
_____ I HAVE NOT USED RETINOL PRODUCTS FOR 72 HRS
_____ I AGREE TO AVOID DIRECT SUN EXPOSURE FOR 2 WEEKS
_____ I AGREE TO NOTIFY DR/AESTHETICIAN OF ANY CONCERNS
_____ I DO NOT HAVE ACTIVE COLD SORES
_____ I AGREE NOT TO WAX FOR 7 DAYS PRE/POST-TREATMENTS
_____ I AGREE TO FOLLOW UP WITH SCHEDULED APPOINTMENT
_____ I AGREE NOT TO USE RETIN-A PRODUCTS 7 DAYS PRE/POST TREATMENTS

_____ARE YOU TAKING HORMONAL CONTRACEPTIVES? _____ NO ARE YOU NURSING?
_____ EXPERIENCING ANY MENOPAUSE PROBLEMS?
_____ ARE YOU UNDERGOING ANY HORMONE REPLACEMENT THERAPY OR CANCER TREATMENTS?
_____ ARE YOU DIABETIC _____DO YOU HAVE ANY HEART PROBLEM
_____ HYPERTENTION

PRECAUTIONS (PLEASE READ CAREFULLY)

I UNDERSTAND THIS CONSENT FORM AND HAVE ANSWERED EACH QUESTION TRUTHFULLY. THE TREATMENT WAS EXPLAINED TO ME IN DETAIL.THE BENEFITS OF WHAT I CAN REALISTICALLY EXPECT TO SEE FROM MY LASER TREATMENT HAVE BEEN FULLY EXPLAINED TO ME.

I UNDERSTAND THAT WITHHOLDING INFORMATION FROM MY SKIN CARE THERAPIST MAY RESULT IN CONTRAINDICATIONS OR SKIN IRRITATION FROM TREATMENTS RECEIVED. THE SKIN CARE TREATMENTS I RECEIVE AT EVOLVE ARE VOLUNTARY AND I RELEASE EVOLVE FROM LIABILITY AND ASSUME FULL RESPONSIBILITY THEREOF

SIGNATURE _____ DATE _____