

HAIR REMOVAL CLIENT PROFILE – SENZA PELO MED SPA - 602-246-1966

Name: _____ DOB: _____ Age: _____ Sex: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
E-mail Address: _____
Occupation: _____

<u>Who shall we thank for the referral?</u> _____	
Would you like to receive our exclusive e-mail and text message promotions? (Please circle)	
Yes	No

<u>In what services are you interested?</u> Laser Hair Removal _____ Electrolysis _____ Waxing _____

- 1) Area(s) to be treated: _____
- 2) Are you pregnant? Yes ___ No ___ 3) Are you in or past menopause? Yes ___ No ___
- 4) Do other family members have excessive hair? Yes ___ No ___ Relationship _____
- 5) Check all previous/current methods of hair removal: Shaving ___ Clipping ___ Tweezing ___
Waxing ___ Electronic Tweezers ___ Depilatories (NARE, etc.) ___
List the last time you did any of the checked items: _____
- 6) List previous laser/electrolysis treatments: First treat. date: _____ Last treat. date _____
Electrolysis modality: Thermolysis ___ Blend ___ Galvanic (multi-needle) ___
Laser Type _____
- 7) Do you have any permanent make-up or tattoos? Yes ___ No ___ Explain: _____
- 8) Have you recently been in the sun, been wind-burned, or been to a tanning booth? Yes ___ No ___
If yes, when was your last exposure? _____
- 9) Are you currently using Retin-A/Renova/Differin/Efudex/Psoralen/Bleaching Agents? ___ No ___
If yes, where was it applied? _____
- 10) Are you currently using or have you ever used Accutane, Accitretan, Psoretaine? Yes ___ No ___
If yes, explain: _____
- 11) Have you ever had microdermabrasion or chemical peel? Yes ___ No ___ If yes, how long ago? _____
Explain: _____
- 12) Have you recently had facial surgery or laser resurfacing? Yes ___ No ___ If yes, how long ago? _____
Explain: _____
- 13) Do you smoke? Yes ___ No ___ If yes, how much per day? _____
- 14) Do you get cold sores/fever blisters? Yes ___ No ___ If yes, last breakout? _____
- 15) Are you sensitive to alcohol-based products? Yes ___ No ___
- 16) List any items you are allergic/sensitive to: _____
- 17) Are you taking any mood altering or depression medications at this time? Yes ___ No ___
If yes, please list: _____
- 18) Are you taking any other medications at this time? (antibiotics increase sensitivity) Yes ___ No ___
If yes, please list: _____
- 19) Describe your skin (check all that apply): Acne ___ Comedones ___ Breakouts ___ Freckled ___
Small Pores ___ Rosacea ___ Eczema ___ Uneven/blotchy ___ Melasma ___ Perfume-stained ___
Sun-damaged ___ Psoriasis ___ Hypo-pigmentation ___ Hyper-pigmentation ___
Telangiectasia (broken surface capillaries) ___ Asphyxiated ___ Explain any of the above: _____
- 20) Have you had any of the following within the last year (check all that apply)? Bruising ___ Age Spots ___
Pigment Changes ___ Eczema ___ Warts ___ Dermatitis ___ Keloids ___ Scars ___
- 21) Have you ever had or been treated for the following (check all that apply)? Diabetes ___
Hemophilia ___ Bleeding Problems ___ Cancer ___ High Blood Pressure ___
Sexually Transmitted Diseases ___ Herpes ___ pacemaker ___ Hodgkin's disease ___
Hepatitis ___ (Type ___) HIV Blood Test ___

Patient Signature: _____

FITZPATRICK SKIN TYPE EVALUATION

SCORE	0	1	2	3	4	Your Score
Your natural eye color?	Light Blue, Gray, Green	Blue, Gray, Green	Dark Blue	Dark Brown	Brownish Black	
Natural color of hair being treated?	Sandy or Red	Blonde	Chestnut, Dark Blonde	Dark Brown	Black	
Color of your NON-EXPOSED skin?	Reddish	Very Pale	Pale with Beige Tint	Light Brown	None	
Do you have freckles on non-exposed areas?	Many	Several	Few	Incidental	None	

Genetic Disposition Score _____

SCORE	0	1	2	3	4	Your Score
What happens when you stay in the sun too long?	Painful redness, blistering, peeling	Blistering followed by peeling	Burn, sometimes followed by peeling	Rarely burn	Never burn	
To what degree do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easily	Turn dark brown quickly	
Do you turn brown within several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always	
How does your face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem	

Sun Reaction Score _____

SCORE	0	1	2	3	4	Your Score
When did you LAST EXPOSE your body to the sun or tanning booth, or use tanning cream?	More than three months ago	Two to three months ago	One to two months ago	Less than one month	Less than two weeks	
Did you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always	

Tanning Habits Score _____

TOTAL SCORE _____

Determine Fitzpatrick Skin Type Using the Following Table

Fitzpatrick Skin Type	I	II	III	IV	V/VI
Skin Type					
Total Score	0-7	8-16	17-25	25-30	> 30

GENERAL INFORMATION

- I understand health history information is important in order to provide me with safe and effective treatments. I acknowledge all information given by me is accurate to the best of my knowledge. I agree to update my client profile whenever there are changes.
- I know that hair removal will take a series of treatments to achieve satisfactory results.
- I have been told that the success of my treatments will depend on my cooperation with my treatment schedule, my pain tolerance, inherited hair growth patterns, and any other instructions explained to me or recommended by the technician.
- I have been advised of the post-treatment healing process, the possible risks related to treatment, and I agree to follow all after-care instructions given to me by the technician. I will notify the provider of the treatment of any difficulties in healing.
- I understand and acknowledge that all deposits and payments for the above procedure are non-refundable unless I cancel my appointment at least two days prior to the procedure.

BEFORE- AND AFTER-CARE INSTRUCTIONS FOR ELECTROLYSIS

- DO NOT tweeze, wax, bleach, laser, or use depilatories. You can only trim with scissors or nippers. If it is an area that gets shaved, the electrologist will give you specific instructions.
- Use anti-bacterial agents such as Bactine, Witch Hazel, Hydrogen Peroxide, and 70% Alcohol. Apply with a sterile 100% cotton ball and clean hands. Keep hands off the treated area.
- Do not use creams or any products containing oil for a minimum of three days or until any scabs are gone.
- Minimize exposure to the sun for 24 hours before and after the treatment.
- No facial for at least three days after treatment.
- Do not use makeup until scabs appear. If no scabbing occurs in 24 hours, makeup can then be applied.
- Do not use products containing caffeine prior to treatment. (Caffeine stimulates nerve endings which can make the treatment uncomfortable.)
- Do not use soap with wax fillers or perfume for 24 hours.
- If scabbing occurs, DO NOT remove scabs. (Scabbing is a natural healing process and removing scabs can cause self-inflicted scars.) At your next appointment, make your technician is aware of this reaction.

I acknowledge that all the information provided is to the best of my knowledge, and that it is important to keep this information up to date, especially medications, medical conditions and pregnancies, at each appointment. I also acknowledge that I accept full responsibility for my care.

Patient Signature: _____ Date: _____

Parent/Guardian Signature (if a minor): _____ Date: _____

Technician Signature: _____ Date: _____

LASER HAIR REMOVAL CONSENT

I, _____, hereby authorize and direct the Certified Laser Specialist/Laser Operator to perform laser hair removal on me using the Candela GentleLASE Plus Laser.

The following points have been discussed with me:

- Laser hair removal works on the growing hairs and not the dormant hairs, thus the results are not a complete destruction of all the hair follicles and may require several treatments to completely remove hair.
- Laser hair removal is considered to be permanent hair reduction but can sometimes result in permanent hair removal. However, complete hair loss **may not** be experienced even with multiple laser treatments.
- The more contrast there is between the skin tone and hair color, the better the chances will be for the complete removal of the hair. Lesser contrast may result only in a reduction in the thickness of the hair.
- There is the possibility the laser can stimulate hairs with little or no pigment which can result in darker hair growth.
- Hormonal changes (puberty, menopause, pregnancy, hormone replacement therapy, etc.) and various medical conditions are some of the causes of superfluous hair growth.
- The laser will not work on most white, gray, blonde, and red hairs.
- The probability of success is dependent upon skin/hair color/contrast, pain tolerance of the patient, amount/thickness of hair being treated, and skin sensitivity.
- Hair re-growth rates vary on different areas of the body. Any new hair growth will not occur AT LEAST three weeks after the treatment. Treatment intervals vary depending on the area being treated. Upper body treatments can be performed at three- to six-week intervals and the lower body interval can be as long as two to three months.
- **DISCOMFORT** - Some discomfort may be experienced during laser treatment. A topical anesthetic may be used to help to reduce discomfort, but it is the client's responsibility to purchase and apply it prior to the treatment.
- **WOUND HEALING** - Laser treatment may result in blistering, crusting, or flaking of the area which may require 1-3 weeks to heal. Once the surface has healed, it may be pink and sensitive to the sun for an additional 2-4 weeks or longer.
- **BRUISING/SWELLING/INFECTION** - With some laser, bruising of the treated area may occur. Additionally, there may be some swelling noted, especially when the face has been treated. Finally, skin infection is a possibility any time a skin procedure is performed.
- **PIGMENT CHANGES (Skin Color)** - During the healing stage, there is a possibility of the treated area becoming either lighter or darker than the surrounding skin. This is usually temporary, but, **on a rare occasion, it may be permanent.**
- **SCARRING** - Scarring is a rare occurrence, but it is a possibility when skin surface is disturbed. To minimize the chances of scarring, it is important that you follow all post-treatment instructions carefully.
- **EYE EXPOSURE** - Protective eyewear (shields) will be provided. **It is important to keep these shields on at all times during the procedure in order to protect your eyes from accidental laser exposure.**
- **AVOID** - (Following laser hair treatment) you must avoid tanning and skin irritants (Retin-A, alpha-hydroxy acids).

BEFORE- AND AFTER-CARE INSTRUCTIONS FOR LASER HAIR REMOVAL

PRE-TREATMENT INSTRUCTIONS

- Skin products to stop using: **Retin-A** for at least one week; **TCN** for at least one week; **Accutane** for a full year.
- **No chemical or laser resurfacing procedures** done in the last six to eight months.
- Avoid the sun four to six weeks before and after treatment or until your physician allows it.
- You **MUST** avoid bleaching, plucking, or waxing hair for 6 weeks prior to treatment to get the most out of the treatment.
- If you have had a history of perioral herpes, prophylactic antiviral therapy may be started the day before treatment and continued one week after treatment.
- Treatment of TANNED SKIN IS UNKNOWN and will not be treated.
- The use of tanning cream should be discontinued at least three weeks before treatment, unless, with the discretion of our Certified Laser Specialist/laser Operator, It is determined that the practice must be discontinued outright.

INTRAOPERATIVE CARE

- The skin is cleaned and shaved. The use of a topical anesthetic is optional. It is up to the client to purchase any anesthetic they prefer to use and the client must apply the anesthetic prior to the treatment.
- When treating the upper lip, the teeth may be protected with wet gauze if the patient's teeth are sensitive. The gauze also serves to support the lip during treatment.
- Epidermal melanocytes compete as the chromophore (target) with melanin at the target site. The DCD, or cooling device, will be used with the laser to minimize epidermal damage and provide cooling to reduce discomfort.
- Safety considerations are important during the laser procedure. Protective eyewear will be worn by the patient and all personnel in the treatment room during the procedure (to reduce the chance of damage to the retina).

POST-OPERATIVE TREATMENT CARE

- Immediately after treatment, there should be erythema (redness) and edema (swelling) at the treatment site, which may last up to 2 hours of longer. The erythema may last up to two to three days. The treated area will feel like a sun burn for a few hours after treatment. The application of cool cloths or icepacks during the first few hours after treatment will reduce the discomfort and swelling that may be experienced. It is recommended to apply ice immediately after treatment.
- Antibiotic ointment may be used for three to four days after the treatment but usually is not necessary.
- Makeup may be used immediately after the treatment unless there is epidermal blistering. It is recommended to use new makeup or no makeup to reduce the possibility of infection.
- Avoid sun exposure to reduce the chance of hyper-pigmentation or darker pigmentation. Use a sunscreen (SPF 25 or greater) at all times throughout the course of the treatments.
- Avoid picking or scratching the treated skin. Do not use any other hair removal treatment products or similar treatments (waxing, depilatories, electrolysis, or tweezing) that will disturb the hair follicle on the treatment area for four to six weeks after the laser treatment is performed. Shaving is permitted.
- Call your provider's office with any questions or concerns you may have after the treatment.
- Anywhere from 5 to 14 days after the treatment, shedding of the treated hair may occur. Gentle exfoliation of the skin may be performed to help to loosen hairs that may be trapped under the skin.

ACKNOWLEDGEMENT

- I agree to release the BUSINESS offering the laser treatment, the Licensed practitioner responsible for the treatment, and the Certified Laser Specialist/Laser Operator performing the treatment from liability associated with treatments using the Candela GentleLASE Plus Laser.
- I agree to update my client profile, especially changes in tanning habits, medical conditions, and medications.
- I understand that it is crucial to follow post-treatment procedures in order to prevent the chances of pigment changes, chances of scarring, or chances of changes in the skin texture of the treated area.

By my signature below, I certify that I have read and fully understand the contents of the Laser Hair Removal Consent form, that the disclosures referred to herein were made to me, and that I received a copy of the Before- and After-Care for Laser Hair Removal Instructions.

Signature (Client): _____ Date: _____

Signature (Parent/Guardian, if minor): _____ Date: _____

Signature (Technician): _____ Date: _____

===== FOR OFFICE USE ONLY =====

Type of Hair: Terminal ___ Vellus ___ Accelerated Vellus ___ Hair Color: _____

Laser Spot Test: Fitzpatrick Skin Type _____

Date: _____ Test Area: _____ Spot Size: _____ Joules: _____ DCD: _____ DCD Delay: _____

Treatment Recommendation: _____

Technician's Name: _____ Results: _____

Date: _____ Test Area: _____ Spot Size: _____ Joules: _____ DCD: _____ DCD Delay: _____

Treatment Recommendation: _____

Technician's Name: _____ Results: _____

Date: _____ Test Area: _____ Spot Size: _____ Joules: _____ DCD: _____ DCD Delay: _____

Treatment Recommendation: _____

Technician's Name: _____ Results: _____

Date: _____ Test Area: _____ Spot Size: _____ Joules: _____ DCD: _____ DCD Delay: _____

Treatment Recommendation: _____

Technician's Name: _____ Results: _____