

CLIENT PROFILE

Legal Name: _____ DOB: _____ Gender: _____

Preferred Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: (_____) _____ -- _____ Secondary Phone: (_____) _____ -- _____

E-mail Address (please print): _____

Who shall we thank for the referral? _____

In what services are you interested? Electrolysis Laser Hair Removal Electrodesiccation (blemish removal)

Aesthetic Nursing ((fillers & relaxers) Laser Rejuvenation Aesthetics IM Injections Permanent Makeup

Please Circle ALL "yes/no"

Would you like to receive our exclusive e-mail and text message promotions? (Please circle) YES NO

Medical Skin History

1. Do you have any permanent make-up or tattoos? **YES NO** Explain: _____
2. Have you recently prolonged sun exposure or artificial tanning within last four weeks (*all areas*)? **YES NO**
3. Are you currently using Retin-A/ Bleaching Agents? **YES NO** If yes, where was it applied? _____
4. Are you currently using or have you ever used Photosensitive medication such as Accutane? **YES NO**
If yes, explain _____
5. Have you ever had microdermabrasion or chemical peel? **YES NO** If yes, how long ago? _____
6. Have you recently had facial surgery or laser resurfacing? **YES NO** If yes, how long ago? _____
7. Do you smoke? **YES NO**
8. Do you get cold sores/fever blisters? **YES NO** If yes, last breakout? _____
9. Are you sensitive to alcohol-based products? **YES NO**
10. List any items you are allergic/sensitive to: _____
11. Are you taking any other medications/ supplements/vitamins at this time? **YES NO**
If yes, please list: _____
12. Do you have any medical conditions or autoimmune disorders? **YES NO**
If yes, explain _____
13. Upcoming medical procedures **YES NO**

Medical Hair History

Area(s) to be treated: _____

1. Are you pregnant? **YES NO** Are you lactating? **YES NO**
2. Are you in or past menopause? **YES NO**
3. Do other family members have excessive hair? **YES NO** Relationship _____
4. Please list previous/current methods of hair removal _____
How often are you using hair removal: _____ Last time you removed your unwanted hair _____
5. List previous laser/electrolysis treatments: First treat. date: _____ Last treat. date _____
Electrolysis modality: Thermolysis _____ Blend _____ Galvanic _____ Laser Type _____

Patient Signature: _____ Date: _____

BEFORE- AND AFTER-CARE INSTRUCTIONS FOR **ELECTROLYSIS**

- **DO NOT** tweeze, wax or thread. You **CAN** trim with scissors/ nippers/ shave; also acceptable you may bleach or laser if in treatment protocol. **ANY** cutting of a hair we will need three to five days growth prior to treatment.
- Use anti-bacterial agents such as Witch Hazel and 70% Alcohol. Apply with a sterile 100% cotton ball and clean hands. Keep hands off the treated area.
- **Do not** use creams that are not advised by your electrologist or any products containing oil for a minimum of three days or until any possible scabs are gone. Acceptable post treatment products can include: **Cicalfate, Aloe & Zinc**
- 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. post treatment you can use the **“Haute Protection SPF 50 Tinted Sunblock”**
- **Limit and reduce** 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 sure your technician is aware of this reaction so we can adequately treat your skin and hair..

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 in area treated.
- Avoid the sun four to six weeks before and after treatment or until your physician allows it, due to pigmentation changes.
- 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 or 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 ice packs 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 hyperpigmentation 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

BEFORE- AND AFTER-CARE INSTRUCTIONS FOR **ELECTRODESSICATION**

Post Treatment Follow Up

- **Wear sunscreen** Zinc SPF 50 or higher We recommend **MINERAL Light Mattifying Sunscreen Lotion SPF 50+ (Face)** before and after treatment to protect your skin.
- Patient may need to return to the office in 7-10 days for the RF operator to observe the treatment.