



HISTORY CARD

Name _____ Date of Birth _____
 Street Address _____ City _____ State _____ Zip _____
 Telephone (Home) _____ (Work) _____ (Cell) _____
 Email Address _____
 How Referred _____
 Previous Treatments Yes [] No [] Date Last Treated _____ Area _____
 What are your parents ethnic background _____

LOCATION OF EXCESS HAIR

- [] Sideburns [] Chest [] Back of Neck [] Areola [] Glabella [] Shoulders
 [] Gluteal [] Back [] Underarm [] Full Face [] Nose [] Arms
 [] Abdomen [] Ears [] Bikini [] Lip [] Chin [] Hands & Feet [] Legs

Comments: _____

MEDICAL HISTORY

Are you under a doctor's care? _____
 Recent surgery or injury _____
 Are you currently on any mood altering or depression medication? [] Yes [] No
 Allergies: *(ex. Latex, Foods, Medications, Lidocaine)* _____
 Present Medications: _____
 Present Herbal and Vitamin Supplements: _____

Women only. Men skip to next section.

Are you pregnant?	[] Yes [] No	→ If so, Due Date: _____
Regular periods?	[] Yes [] No	Hysterectomy? [] Yes [] No
Over/In Menopause?	[] Yes [] No	Birth Control? [] Yes [] No
Metal Implant	[] Yes [] No	Copper IUD [] Yes [] No
Polycystic Ovarian Syndrome	[] Yes [] No	

Have you ever had any of the following? If yes, terminated [t] or continued [c]?

Heart Condition	[] Yes [] No	Pacemaker	[] Yes [] No
Cancer Treatment	[] Yes [] No	Hepatitis (Type _____)	[] Yes [] No
Diabetes	[] Yes [] No	Pertinent Allergy	[] Yes [] No
Coagulation Problem	[] Yes [] No	Keloids	[] Yes [] No
Herpes I/II	[] Yes [] No	Acne	[] Yes [] No

I understand that laser hair removal is not immediately permanent and that a series of treatments are necessary to achieve permanent hair reduction. I understand the success of treatments depends largely on my cooperation with my treatment schedule and recommendations made by the laser technician. I agree to inform the technician of any changes in my skin after treatment, as well as changes in my general health.

Print Name: _____ Technician: _____

Signature: _____ Date: _____



FITZPATRICK SKIN TYPING

- Skin Type I** Never Tans, always burns (extremely fair skin, blonde/ red hair)
- Skin Type II** Occasionally tans, usually burns (fair skin, sandy to brown hair, green/brown eyes)
- Skin Type III** Often tans, sometimes burns during first exposure to sun (medium skin, brown hair)
- Skin Type IV** Always tans, never burns (olive skin, brown hair)
- Skin Type V** Never burns (dark brown skin, black hair)
- Skin Type VI** Never Burns (Black skin, black hair)

We do NOT recommend laser therapy if any of the below conditions exist. Please check any box that describes your current health condition. Please advise the technician of any medications you are taking (see form)

- Photosensitivity Disorder**
- Herpes (active)**
- Shingles (active)**
- Seizure disorder triggered by light**

SCORE	0	1	2	3	4	Scores	
What is your eye color	Light Blue	Blue, Grey or Green	Blue/Hazel	Brown	Brownish Black		
What is the natural color of your hair	Sandy/Red	Blonde	Dark Blonde/Light Brown	Chestnut/Brown	Black		
What is the color of your non-exposed skin	Reddish	Very Pale	Pale with beige tint	Light Brown	Dark Brown		
Do you have freckles on unexposed areas	Many	Several	Few	Incidental	None		
What happens the first time you stay in the sun too long	Painful, Redness, Blistering, Peeling	Blistering followed by peeling	Burns sometimes followed by peeling	Rarely burns	Never burns		
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 after the first several hours of 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		
						TOTAL	SKIN TYPE
When did you last expose your body to sun or tanning booth or tan creme	ago	2 - 3 months ago	1 - 2 months ago	Less than one ago	Less than 2 weeks ago		
When did you last expose the area to be treated to sun	More than 3 months ago	2 - 3 months ago	1 - 2 months ago	Less than one month ago	Less than 2 weeks ago		
						SCORE WITH TANNING HABITS	
						TOTAL	SKIN TYPE

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

Client Signature

Date



SKIN ANALYSIS

Have you used Retin A in the last 2 weeks in the area to be treated? Y / N

Are you currently taking Accutane for acne, or have you taken it in the last year? Y / N

If yes, explain: _____

Have you had a chemical or acid peel on your face in the last 3 months? _____ Y / N

If yes, where and when and what percent? _____

Have you see a Dermatologist in the past 6 months? Y / N

If yes, are you using Dermatologist strength skincare products? Y / N

List products: _____

Are you currently using a topical antibiotic on your face for acne? Y / N

Have you taken oral antibiotics in the last two weeks? Y / N

Do you have any tattoos or body piercing in the area to be treated? Y / N

Where? _____

Have you had radiation therapy in the last 6 months? Y / N

Have you ever been diagnosed with Polycystic Ovarian Syndrome? Y / N

Do you have excessive hair growth? Y / N

If yes, in what areas on the body? _____

Do you have a hypo/hyperactive thyroid condition? Y / N

If yes, have you had surgery or taken medication for the condition? Y / N

Have you seen an Endocrinologist in the last year? Y / N

If yes, explain: _____

Have you tried laser hair removal or other methods of hair removal in the past? Y / N

If yes, explain: _____

Client Signature

Date



CONSENT FORM FOR LASER SERVICES

I _____ authorize Laser Centers of Connecticut and its designated staff to perform Laser Hair Removal on my body. I understand that Laser Hair Removal is an FDA-approved treatment method for removing unwanted hair. I have been advised of the possible adverse reactions which are as follows:

(Print Name)

PAIN:

The Laser causes mild discomfort which can be minimized by applying an anesthetic cream approximately one hour prior to each treatment.

CRUSTING:

If superficial crusts form, they should resolve with the gentle care we describe in the aftercare instructions.

PIGMENT CHANGES:

Temporary color changes such as hyperpigmentation, which is a brown discoloration, or hypopigmentation, which is a skin lightening, may occur. While these can take 3 to 6 months to resolve, they rarely lead to permanent scarring (less than 1%).

EYE PROTECTION:

Protective eyewear must be worn by everyone present during treatments.

PERSISTENCE OF HAIR:

Evaluation of Laser Hair Removal is ongoing, but studies and clinical experiences suggest that multiple treatments produce long-term hair loss. Although some clients respond better than others, most clients will experience progressive hair loss with each treatment.

By signing below, I acknowledge that I have read the adverse reactions above and I feel that I have been adequately informed of the risks of Laser Hair Removal treatments. Before each treatment I will inform the Laser Technician if I have taken any new medications since my last treatment or if I have tanned the areas to be treated either by sunlight or artificially. I understand that recently tanned skin should only be treated with the YAG Laser and only after being out of the sunlight, tanning beds and/or the use of tanning creams for a minimum of 14 days. I also understand that some medications can make my skin photosensitive and either of the aforementioned conditions could cause the Laser to damage my skin. I also agree to comply with the recommended aftercare guidelines which are crucial for healing, prevention of scarring and hyperpigmentation. I hereby release the Laser Centers of Connecticut, its medical staff and the specific technician from any liability associated with the above.

Client Signature _____ Date _____



CLIENT INSTRUCTIONS

PRE-TREATMENT INSTRUCTIONS:

1. Avoid the sun 7 - 14 days before and after YAG treatments or 4 - 6 weeks before and after GentleLASE treatments.
2. You **MUST** avoid bleaching, plucking or waxing hair for 4 weeks prior to treatment.
3. 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.
4. If you have a darker skin type, a bleaching regimen may be started 4 - 6 weeks before treatment. Also, the use of tanning cream must be discontinued at least one week before treatment.
5. The laser seeks melanin and it will also be attracted to dark colors. Therefore, if you are treating your bikini area, we ask that you please wear white or light colored undergarments.
6. Tanned skin can be treated with the GentleYAG laser but avoiding direct exposure to the sun or tanning beds in the treatment area is always recommended for at least one week before and after treatments.

INTRA-TREATMENT CARE:

1. The skin is cleaned and shaved or left with one day of new growth. The use of the topical anesthetic Lidocaine is optional for discomfort.
2. Epidermal melanocytes compete as the chromophore (target) for the 755 or 1064 nm wavelength with melanin at the target site. The DCD, or cooling device, will be used with the laser to minimize epidermal damage.
3. Safety considerations are important during the laser procedure. Protective eyewear will be worn by the client and all personnel during the procedure.

POST-TREATMENT CARE:

1. 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 2 - 3 days. The treated area can feel like a sunburn for a few hours after. The application of ice during the first few hours after treatment will reduce the discomfort and swelling that may be experienced but we recommended only aloe vera gel after treatment. Rarely, minor epidermal blistering may occur in which case triple antibiotic cream may be applied. If this should happen, please contact our office immediately and our nurse will give you further instructions.
2. Makeup may be used immediately after treatment unless there is epidermal blistering. It is recommended to use **ONLY NEW** makeup to reduce the possibilities of infection.
3. Avoid sun exposure to reduce the chance of hyperpigmentations or darker pigmentation for 5 - 7 days post treatment. Use sunscreen (SPF 25 or greater) at all time throughout the course of treatment.
4. Avoid picking or scratching of the treated skin. Do not use any other hair removal treatment products or similar treatments (waxing, electrolysis, tweezing or bleaching) that will disturb the hair follicle on the treatment area for 4 - 6 weeks after the treatment is performed. Shaving may be performed.
5. Call our office with any questions or concerns you may have after the treatment. Return to our office or call for appointment at the first sign of the return of hair growth. This can mean within 4 - 6 weeks for the upper body treated and possibly as long as 4 - 12 weeks for the lower body. Hair regrowth occurs at different rates on different areas of the body. New hair growth will not occur for at least three weeks after treatment.
6. Anywhere from 5 - 21 days after the treatment, shedding of the surface hair may occur and this appears as new hair growth. This is not new hair growth. You can clean and remove the hair by washing or wiping the area with a wet cloth or loofa sponge.
7. After the axilla (underarms) are treated use a powder instead of deodorant for 24 hours after the treatment to reduce skin irritation.
8. There are no restrictions on bathing except to treat the skin gently, as if you had sunburn, for the first 24 hours.

Client Signature

Date

