



LEG VEIN THERAPY HISTORY CARD

Name: _____ Date of Birth: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Telephone: (Home) _____ (Work) _____ (Cell) _____
Email Address: _____

How Did You Find Us: _____ Age: _____ Sex: _____ Date: _____
Skin Type: I _____ II _____ III _____ IV _____ V _____ VI _____ (See Skin Type Evaluation Sheet)

Vein Color: _____

Allergies: _____

Present Medications (Accutane, Aspirin, Antiviral, Iron Supplements, Gold Therapy, Coumadin, drugs which may cause Photosensitivity such as St. John's Wort): _____

What Medical Problems? _____ What are your medications? _____ DO YOU HAVE
Presence of Tattoos: _____ Location: _____ None Agreement
(Inform client of the possibility of inadvertent removal of tattoo during vein removal treatment) (8/2/03)
Past or Present Illnesses: _____

Last Menstrual Period: _____ N/A _____

History of Keloids / Hypertrophic Scars: _____

Other: (tanning history) _____

Areas to be treated: _____

Previous Laser Treatment: (specify date/number of treatments/frequency/tissue response) _____

Exercise Regimen - Frequency: _____

Consult Check List

- Discuss 2 types of lasers used for Leg Vein Therapy
- ____ Treatment options (testing, leg vein and size, vein color that responds best, number of treatments).
- ____ Client expectations: (understand need for multiple treatments, after care, possible side effects, etc.).
- ____ Physician consultation before and/or after test for a treatment recommendation.
- ____ In detail full treatment schedule process (waiting period in-between treatments, what to expect right after and weeks to come).
- ____ Possible side effects (hyperpigmentations, hypopigmentation, purpura, bruising, scarring) and length of time to expect healing if side effect occurs.
- ____ Specifics of area to be treated (test small area for tissue response BEFORE full treatment).
- ____ How long before resuming exercise regimen.
- ____ Importance of sun exposure avoidance and the use of sunscreen during the entire treatment program.
- ____ Sensation of the laser/DCD spray and the option for topical anesthesia if requested.
- ____ Cost of treatment (payment schedule, cost of multiple treatments versus single payment per visit).

Comments: _____

I agree that the information listed above has been reviewed and presented with my clear understanding of what this procedure involves. All of my questions have been addressed to my satisfaction.

Print Name: _____

Technician: _____

Signature: _____

Date: _____



LASERcenters

Fitzpatrick Skin Typing

Skin type I	Never Tans, always burns (extremely fair skin, blond/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/black hair).
Skin type V	Never burns (dark brown skin, black hair)
Skin type VI	Never burns (black skin, black hair)

Have you ever had a laser treatment before? Yes No

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

- Pregnancy
- Photosensitivity Disorders
- Herpes (active)
- Shingles (active)
- Seizure disorders triggered by light

Please circle the choices that best describe you and your skin

Score	0	1	2	3	4	Scores
What is your eye color	Light Blue	Blue, Gray or Green	Blue/Hazel	Brown	Brownish Black	
What is the natural color of your hair	Sandy, Red	Blond	Dark Blond / 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 when you stay too long in the sun (1 st Exposure)	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 easy	Turn dark brown quickly	
Do you turn brown after 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	

	0	1	2	3	4	
When did you last expose your body to sun or tanning booth or tan cream	More than 3 months ago	2 – 3 months ago	1 – 2 months ago	Less than 1 month 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 1 month ago	Less than 2 weeks ago	
TOTAL / SKIN TYPE						
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 _____



CONSULTATION CHECKLIST

Parameters For Laser Hair Removal

- Skin Type
- Color of Hair
- Body Parts

Other Treatment Modalities

- Electrology
- Depilatories
- Waxing
- Bleaching

How the Laser Works

- Type of Laser
- History of Laser
- FDA Approval
- Effectiveness

Risks

- Scaring
- Hypopigmentation
- Hyperpigmentation

Procedure Preparation

- Limit sun exposure
- Discontinue all sunless tanning
- Terminate hair removal modalities except shaving
- Shave area on day of treatment
- Use and application of topical anesthetic cream

Description of Treatment

- How treatment feels
- How long treatment takes
- Provider of treatment

Aftercare

- What to expect immediately after treatment
- How to treat pain, swelling and discoloration

Number of Treatments Expected

- Average number of treatments for selected area(s)
- Recommended waiting period between treatments

Cost

- Cost of Treatment and Financial Policies

NOTES: _____

Laser Technician Signature

Client Signature

Date