LASER HAIR REMOVAL INFORMED CONSENT

APPOINTMENT RECORD

Patch test 1

Patch test 2

Patch test 3

Patch test 4

Name:: _____ Date:: _____ dd / mm / yyyy

Address:

Post Code:: _____ Tel day time: _____

Tel Evening: _____ Mobile:: _____

Email:: _____ Date of birth:: _____ dd / mm / yyyy

Occupation:: _____

Where did you hear about us?

Treatment package

- ◯ Course of 8
- ◯ Course of 6
- ◯ Course of 4
  - ◯ Single
  - ◯ Other

MEDICAL HISTORY

Are you currently under the care of a physician or dermatologist?

◯ Yes ◯ No

If yes, for what:

Do you have a history of erythema abigne, which is a persistent skin rash produced by prolonged or repeated exposure to moderately intense heat or infrared irritation?

◯ Yes ◯ No

Do you have any of the following medical conditions? (Please check all that apply)

- ☐ Cancer
- ☐ HIV/AIDS
- ☐ Thyroid imbalance
- ☐ Arthritis
- ☐ Hepatitis
- ☐ High blood pressure
- ☐ Skin disease/Skin lesions
- ☐ Any active infection
- ☐ Herpes
- ☐ Seizure disorder
- ☐ Diabetes
- ☐ Keloid scarring
- ☐ Blood clotting abnormalities
- ☐ Frequent cold sores
- ☐ Hormone imbalance

Ethnicity:

- ◯ Black Caucasian
- ◯ Indian
- ◯ Hispanic
- ◯ Asian
- ◯ Native American
- ◯ Mixed/ other

How often do you sunbathe?

◯ Frequently ◯ Sometimes ◯ Never

How does your skin respond to sun exposure?

◯ Always burn, never tan ◯ Always burn, sometimes tan ◯ Sometimes burn, always tan ◯ Never burn, always tan

When were you last in the sun?

Do you currently have a tan, either fake or from sun/sunbed?

MEDICATIONS

What oral medications are you presently taking?

- ☐ Birth control pills
- ☐ Hormones

Others (Please list):

Are you on any mood altering or anti-depression medication?

Have you ever used Accutane?

If yes, when did you last use it?

What topical medications or creams are you currently using?

Retin-A® Others (Please list):

What herbal supplements do you use regularly?

HISTORY

Have you ever had laser hair removal?

◯ Yes ◯ No

Have you used any of the following hair removal methods in the past six weeks?

- ☐ Shaving
- ☐ Waxing
- ☐ Electrolysis
- ☐ Plucking
- ☐ Tweezing
- ☐ Stringing
- ☐ Depilatories

Do you form thick or raised scars from cuts or burns?

◯ Yes ◯ No

Do you have Hyperpigmentation (darkening of the skin) or Hypopigmentation (lightening of the skin) or marks after physical trauma?

◯ Yes ◯ No

If yes, please describe:

For our female clients:

Are you pregnant or trying to become pregnant?

◯ Yes ◯ No

Are you breastfeeding?

◯ Yes ◯ No

Are you using contraception?

◯ Yes ◯ No

I certify that the preceding medical, personal and skin history statements are true and correct. I am aware that it is my responsibility to inform the technician, esthetician, therapist, doctor or nurse of my current medical or health conditions and to update this history. A current medical history is essential for the caregiver to execute appropriate treatment procedures.

Signature *
Date: _____ dd / mm / yyyy

INFORMED CONSENT FOR TREATMENT

I hereby authorize and direct the Skinglow Clinic's trained professional to perform Laser Hair Removal on me. The laser targets pigment in the hair follicle to treat unwanted pigmented hair for long-term hair reduction.

Hair grows in cycles.

The laser works during the anagen or "growing phase" of hair growth. Therefore, multiple treatments are needed at regular spaced intervals to treat all of the hair in a treatment area for significant reduction of hair growth. For maximum results, it is necessary to follow the recommended treatment schedule.

I have read agree to and understand the following points:

- [ ] Laser therapy is not recommended if any of the following conditions exist: Pregnant or Nursing Female, Photosensitivity disorder, Immunosuppressive disease, Diabetes, Bleeding Disorder, Seizure disorder triggered by light, active Herpes, active Shingles or any active infection. I have notified my treating clinician if I have one or more of the conditions above.
- [ ] I understand that treatment is not recommended for tanned patients until the tan has faded and that sun exposure must be avoided between treatments.
- [ ] I have not tanned, and will not tan, in the areas to be treated during the entire treatment course and for six weeks before and after treatment. This includes sun exposure and tanning booths. Artificial tanning products must be discontinued two weeks prior to treatments.

Test spots may be done to evaluate skin response prior to FULL treatment.

Photographs of the treatment are may be taken for my chart and future comparison. Complete confidentiality will be maintained.

The probability of success: Multiple treatments are needed to achieve the desired reduction in hair. Six to eight treatments are typical, but some people require more. Hair loss may be permanent after several treatments, but not in all cases. Those with hair growth caused by a hormonal imbalance for example PCO Syndrome may require more treatments and top up treatments.

Touch up treatment may be needed in the future. Results vary with the individual depending on skin color, hair color, hair density and change in hormones. Recurrence of hair growth may occur at the treated site. I also understand some people do not respond to treatments and that loss of pigmented lesions such as freckles/moles may occur.

A printed copy of Pre/Post treatment instructions has been given to me and I understand them completely.

I accept responsibility in complying with the treatment care instructions provided and I understand how important aftercare is to the success of the treatment. The treatment cost has been discussed with me and I agree to keep my payments up to date for the treatment.

I am aware of the following possible risks/complications with laser treatments:

DISCOMFORT

Some mild discomfort may be experienced during laser treatments. The sensation of the laser is like a rubber band snapping against the

Anesthesia is usually not necessary as the laser uses a cooling device that delivers a spray to the surface of the skin with the laser pulse is delivered. Numbing cream is available to control discomfort if necessary.

BLISTERING/ BRUSING/REDNESS/SWELLING Short term effects may include reddening, swelling, and mild burning which typically lasts I - 3 days. Bruising, blistering, crusting or flaking may occur and require I - 3 weeks to heal.

INFECTION Skin infection is a possibility although rare, whenever a skin procedure is performed. Herpes simplex virus infections around the mouth can occur following a treatment. This applies to both individuals with and without a past history of herpes simplex virus infections.

Antiviral medication is recommended and is available by prescription. Should any type of skin infection occur, additional treatments or medical antibiotics may be necessary.

PIGMENT CHANGES Hyperpigmentation (darkening) and Hypopigmentation (lightening)of the skin have been noted after treatment. These conditions usually resolve within 3 - 6 months, but permanent color change is a risk. Avoiding sun exposure before and after the treatment reduces the risk of color change. It is very important not to be tan (even minimally) when treated.

SCARRING However slight, there is a risk of scarring and skin textural changes. It is important that you follow all post treatment in-structions carefully. Compliance is crucial for healing and prevention of scarring.

BLEEDING Protective eyewear will be provided. It is important to keep these goggles on that at all times during the treatment in order to protect your eyes from accidental laser exposure.

I understand that the clinic needs 48 hour's notice upon cancelling an appointment and that if I cancel within the 48 hour period I will be fined £30 or forfeit a treatment from my package.

I certify that I have read the above informed consent and fully understand it I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction. I consent to the terms of this agreement.

Patient signature *

Date *: _____ dd / mm / yyyy