Studio name _____

Laser hair removal consent and health form

This takes about four minutes. It covers your series of treatments; before each later session you answer a short check.

About you

Your name
First name

Last name

Date of birth (MM/DD/YYYY)

Mobile phone

Email

Home address
Street address

City, state, ZIP

Photo of your ID

Attach a copy of the photo ID to this form

Emergency contact

Your skin type

Your treatment

Which areas?

☐ Upper lip ☐ Chin and jaw ☐ Other face area ☐ Neck ☐ Underarms ☐ Arms ☐ Chest
☐ Stomach ☐ Back ☐ Bikini line ☐ Legs ☐ Somewhere else

Your natural hair color in those areas

☐ Black ☐ Dark brown ☐ Light brown ☐ Blond ☐ Red ☐ Gray or white

Health questions

These questions are the clinic's own policy. They help your technician plan a safe treatment. They aren't medical advice: if you have a question about your health or your medicines, ask your doctor.

Are you pregnant or nursing?

☐ Yes ☐ No

Have you taken isotretinoin (Accutane or a similar acne medicine) in the last 6 months?

☐ Yes ☐ No

When did you stop?

Do you take a medicine or supplement that makes your skin sensitive to light, such as some antibiotics, acne medicines or St. John's wort?

☐ Yes ☐ No

Which ones?

Have you ever had gold injections or gold tablets (an older arthritis treatment)?

☐ Yes ☐ No

Have you ever had a seizure set off by flashing light?

☐ Yes ☐ No

Have you tanned, used self tanner or had a sunburn on the area in the last 2 weeks?

☐ Yes ☐ No

Do you take blood thinners, or aspirin, ibuprofen or fish oil regularly?

☐ Yes ☐ No

Which ones?

Do you have diabetes?

☐ Yes ☐ No

Do you have a condition or take a medicine that slows healing or affects your immune system?

☐ Yes ☐ No

Tell us a little more.

Do you scar easily or form raised scars (keloids)?

☐ Yes ☐ No

Do you have a skin condition, open wound or rash on or near the area, such as eczema, psoriasis or vitiligo?

☐ Yes ☐ No

Which one?

Is there a mole, birthmark or spot in or near the area that has changed, or have you had skin cancer there?

☐ Yes ☐ No

Tell us a little more.

Do you get cold sores (fever blisters)?

☐ Yes ☐ No

Have you waxed, plucked, threaded or used an epilator on the area in the last 4 weeks?

☐ Yes ☐ No

Do you have a hormone condition, such as PCOS, that affects hair growth?

☐ Yes ☐ No

Do you have tattoos or permanent makeup in the area?

☐ Yes ☐ No

Anything else your artist should know about your health?

What you agree to

Hair reduction

Laser hair removal reduces hair over a series of sessions, 4 to 6 weeks apart (the clinic sets this). It works on hair while it's growing, so I need several sessions, and results vary with skin, hair color and hormones. The clinic can't promise that all hair goes away for good.

Initials ☐

Light hair

Blond, red, gray and white hair respond little or not at all.

Initials ☐

Before each session

I'll shave the area before each session and won't wax, pluck or thread between sessions.

Initials ☐

After each session

Redness and small bumps, like a mild sunburn, can last a day or two. Treated hair sheds over the next weeks.

Initials ☐

Risks

Risks include burns, blisters, lighter or darker patches and, rarely, scarring. Tanning before or after a session raises these risks.

Initials _____

Eye protection

Everyone in the room wears eye protection while the laser is on. I'll keep mine on until the technician says it's safe to take it off.

Initials _____

My answers

I answered the health questions truthfully. I'll tell the clinic before each session if anything changes.

Initials _____

Alcohol and drugs

I'm not under the influence of alcohol or drugs.

Initials _____

Package and appointments

Sessions in a package are used one per treatment. Moving an appointment needs at least 48 hours' notice; a missed appointment without notice uses one session from your package.

Initials _____

the studio uses your health answers only to do your appointment safely and to keep the records the law requires. They are never used for marketing or sold. They are stored encrypted, and every time someone at the studio opens them it is logged.

Your signature _____ **Date** _____

Printed name _____

For the technician (For the studio)

Treatment notes

Skin type the technician confirmed

☐ Type 1 ☐ Type 2 ☐ Type 3 ☐ Type 4 ☐ Type 5 ☐ Type 6

Session number in the series

Area treated this session

Device

Wavelength

☐ 755 nm (alexandrite) ☐ 810 nm (diode) ☐ 1064 nm (Nd:YAG) ☐ IPL (broad spectrum) ☐ Other

Fluence

Spot size

Frequency

Passes

Pulse duration

Cooling used

Tissue response

☐ Redness and swelling around follicles ☐ General redness ☐ No visible response

Test spot

Session photos

Attach a copy to this form