

# LASER HAIR REDUCTION CONSENT



Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Laser Hair Reduction is a safe alternative to methods used for removing unwanted hair, such as shaving, waxing, chemical epilation and electrolysis. Laser Hair Reduction involves a series of treatments using Intense Pulsed Light to damage the hair follicle, which inhibits future hair growth and results in smooth skin.

**RESULTS.** *Please initial in the box:*

The results of Laser hair Reduction can take on average 6-12 treatments to achieve the desired result, and usually lasts many years. There are no guarantees or promises that Laser hair Reduction will improve the particular concern to be corrected. Laser Hair Reduction treatment visits should be scheduled 60 days apart, or as directed by your technician. This treatment is only effective on hair with color and does not treat white, grey, blonde or red hair.

*I acknowledge I have been informed of the Laser Hair Reduction Results and my questions have been answered satisfactorily.*

**RISKS AND COMPLICATIONS.** *Please initial in the box:*

The Laser Hair Reduction treatment might feel like a small burn while being treated. Hair may take up to 2 weeks to fall out. There may be some redness or discoloration lasting a few minutes to a few days after the treatment, if so you may apply an ice pack. There may be slight, temporary swelling and bruising after the treatment. Existing blemishes, moles, blood vessels, freckles and sunspots may become more obvious and darker. Treatment may result in burning, blistering or bleeding of the treated areas. Scarring is a rare occurrence, but it is a possibility if the skin surface is disrupted. Stimulation of terminal hair growth following photo-epilation can occur within or adjacent to treated area. Protective eyewear will be provided to you during the treatment, and failure to wear eye gear during the entire treatment may cause severe and permanent eye damage.

*I acknowledge I have been informed of the Laser Hair Reduction Risks and Complications, and my questions have been answered satisfactorily.*

**CONTRAINDICATIONS.** *Please initial in the box:*

I confirm that I am not pregnant or breastfeeding at this time. I confirm that I have not used Accutane in the past 6 months. I confirm the hair I am treating is of color and is not white, grey, blonde or red. I confirm I have not received Chemotherapy or Radiation Therapy within the past year. I confirm I do not suffer from active cold sores or warts. I confirm I have not had a sunburn in the past 60 days. I confirm that I do not have any significant neurological disease. I confirm that I am in good health and not under the care of any physician for a medical complication.

*I acknowledge I have been informed of the Laser Hair Reduction Contraindications, and my questions have been answered satisfactorily.*

**PRE & POST-TREATMENT INSTRUCTIONS.** *Please initial in the box:*

*I acknowledge I have received the Laser Hair Reduction Pre & Post Treatment Instruction Sheet and confirm that all my questions have been answered satisfactorily.*

**PAYMENT.** *Please initial in the box:*

Laser Hair Reduction treatments are a cosmetic procedure, not covered under insurance, and I acknowledge that the payment due for the treatment is entirely my responsibility. I understand that Laser Hair Reduction treatment purchases cannot be refunded or returned.

*I acknowledge I have been informed of the Laser Hair Reduction Payment Policy, and my questions have been answered satisfactorily.*

**PHOTOGRAPHS.** *Please initial in the box:*

I hereby authorize pre-treatment, post-treatment and during treatment photographs to be taken of my treatment(s) at River Oaks MedSpa and understand they may be used for purposes of documenting treatments, training purposes, advertising and or marketing. I understand that there will not be compensation for the use of said images now or in the future.

*I understand the Photograph Policy.*

**By signing below, I acknowledge the results, risks and complications, contraindications, post-treatment instructions, payment policy and photography consent of Laser Hair Reduction Treatments now and in the future. I acknowledge that all my questions have been answered to my satisfaction by the medical staff of Dr. Derek C. Lou and River Oaks MedSpa. I hereby give my consent to Laser Hair Reduction Treatments and agree to proceed with the treatments.**

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_

Date: \_\_\_\_\_

LASER HAIR REDUCTION  
 SKIN TYPE QUESTIONNAIRE



Please complete the following questionnaire:

	0	1	2	3	4	SCORE:
What is the natural color of the hair being treated?	Sandy Red	Blonde	Chestnut, Dark Blonde	Dark Brown	Black	
What is the natural color of your skin (not exposed to sun)	Reddish	Very Pale	Pale with Beige Tint	Light Brown	Darker Brown	
How many freckles on the area being treated?	Many	Several	Few	Incidental	None	
What happens when you are in the sun TOO long without sunblock?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns, sometimes followed by peeling	Rarely Burns	Never had a problem	
How well do you turn brown?	Hardly or Not At All	Light Color Tan	Reasonable Tan	Tan Very Easily	Turns Dark Very Quickly	
Do you turn brown within one day of sun exposure?	Never	Seldom	Sometimes	Often	Always	
How does your face respond to the sun?	Very Sensitive	Sensitive	Normal	Very Resistant	Never Had a Problem	
When was your last sun exposure or artificial sun exposure?	More than 3 months ago	2-3 months ago	1—2 months ago	Less than 1 month ago	Less than 2 weeks ago	
Is the area of the body being treated usually exposed to sun regularly?	Never	Hardly Ever	Sometimes	Often	Always	
What is your eye color?	Light blue, Light Grey, Light Green	Blue, Grey, Green	Dark Blue	Dark Brown	Brownish Black	
<b>TOTAL:</b>						

**RESULTS:**

- 00 – 07 Points = Skin Type I
- 08 – 16 Points = Skin Type II
- 17 – 25 Points = Skin Type III
- 26 – 30 Points = Skin Type IV
- 31 – 40 Points = Skin Type V & VI

By signing below, I acknowledge that I have answered the questions above correctly to the best of my knowledge.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# LASER HAIR REDUCTION

## PRE & POST TREATMENT



Laser Hair Reduction is a safe alternative to methods used for removing unwanted hair, such as shaving, waxing, chemical epilation and electrolysis. Laser Hair Reduction involves a series of treatments using Intense Pulsed Light to damage the hair follicle, which inhibits future hair growth and results in smooth skin.

### PRE TREATMENT INSTRUCTIONS.

Inform your Registered Nurse Injector if you have a history of Herpes to receive advice on antiviral therapy prior to Laser Hair Treatments

#### 4 WEEKS PRIOR TO TREATMENT:

- AVOID sun-tanning or self-tanners (includes spray tans, tanning lotions, tanning beds, sun exposure, etc).
- AVOID waxing, plucking or tweezing.

#### 1-2 WEEKS PRIOR TO TREATMENT:

- AVOID treatments that may irritate the skin such as depilatories and harsh chemicals (tretinoin, retinol, benzoyl peroxide, glycolic/salicylic acids, astringents, etc.).

#### 3 DAYS PRIOR TO TREATMENT:

- AVOID the use of Advil, Motrin, Ibuprofen, Aspirin, Excedrin, Aleve, Fish Oils and Vitamin E Supplements (Contact your doctor with questions about prescription drugs and the administering of Laser Hair Reduction Treatments).

#### DAY OF TREATMENT:

- Cleanly shave the hair in the area of treatment before your scheduled appointment (if it is your first time, you may leave a representative sample of unshaven hair for your technician to assess).
- Do not wear lotions or makeup on the treated area. You may apply makeup after your treatment as advised by your technician.

### POST TREATMENT INSTRUCTIONS.

- AVOID waxing, plucking or tweezing between treatments.
- AVOID treatments that may irritate the skin such as depilatories and harsh chemicals (tretinoin, retinol, benzoyl peroxide, glycolic/salicylic acids, astringents, etc.) for 2-3 days after treatment.
- AVOID the use of Advil, Motrin, Ibuprofen, Aspirin, Excedrin, Aleve, Fish Oils and Vitamin E Supplements for 2-3 days after treatment (Contact your doctor with questions about prescription drugs and the administering of Laser Hair Reduction Treatments).
- AVOID sun exposure and **apply River Oaks MedSpa's Essential Defense EVERYDAY CLEAR Broad Spectrum SPF 47 Sunscreen** daily for protection (*available for purchase*).
- AVOID excessive heat
- AVOID hot tubs, saunas, pools, contaminated water, etc. for 1-2 days after your treatment
- Schedule your next treatment visit with a front desk associate to insure that you complete the appropriate series of treatments.
- Call our facility if you have concerns at any time related to the treatment

### RESULTS:

The results of Laser hair Reduction can take on average 6-12 treatments to achieve the desired result, and usually lasts many years. There are no guarantees or promises that Laser hair Reduction will improve the particular concern to be corrected. Laser Hair Reduction treatment visits should be scheduled 60 days apart, or as directed by your technician. This treatment is only effective on hair with color and does not treat white, grey, blonde or red hair.