Be You

SKIN THERAPY & WELLNESS

Client Information & Medical History

Client Information

Client Name _____ Date _____

Date of Birth _____ Age _____ gender: Male ☐ Female ☐

Home Address _____

Phone # _____ Occupation _____

Emergency contact (Name & Phone) _____

How were you referred to us? _____

Skin Type

Which of the following best describes your skin type? Please check one.

- ☐ Type I: pale white | always burns | never tans
- ☐ Type II: fair white | usually burns | tans with difficulty
- ☐ Type III: medium white | sometimes burns | gradually tans
- ☐ Type IV: olive/moderate brown | rarely burns | tans with ease
- ☐ Type V: brown/dark brown | very rarely burns | tans very easily
- ☐ Type VI: black/very dark brown | never burns | tans very easily

Skin History

Have you ever had laser hair removal? Yes ☐ No ☐

If yes, when/where? _____

Please check each hair removal method used within the last 6 weeks:

- ☐ Shaving ☐ Waxing ☐ Tweezing
- ☐ Threading ☐ Electrolysis ☐ Depilatories (nair/creams)

Please indicate any methods used within the last 4 weeks that have resulted in changes to the color of your skin:

- ☐ Sun exposure ☐ Tanning Bed ☐ Sunless lotion/spray

Do you form thick or raised scars from cuts or burns? Yes ☐ No ☐

After an injury or trauma to the skin, do you experience skin darkening (hyperpigmentation) or skin lightening (hypopigmentation)? Yes ☐ No ☐

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 ☐

Medical History

Are you currently under the care of a physician? Yes ☐ No ☐
If yes, for what: _____

Are you currently under the care of a Dermatologist? Yes ☐ No ☐
If yes, for what: _____

Do you have any of the following medical conditions?

- ☐ PCOS
- ☐ Hormone Imbalance
- ☐ Hormone Therapy
- ☐ Thyroid Imbalance
- ☐ Cancer
- ☐ Diabetes
- ☐ Hypertension
- ☐ Acne
- ☐ Frequent cold sores
- ☐ Keloid Scarring
- ☐ Pigment Problems
- ☐ Skin disease/lesions
- ☐ Hepatitis
- ☐ HIV/AIDS
- ☐ Asthma
- ☐ Blood clotting abnormalities
- ☐ Pregnant
- ☐ Breastfeeding
- ☐ Hysterectomy
- ☐ Menopause

Please list any additional medication conditions:

_____

Surgical History

Any upcoming surgical/cosmetic procedures involving laser treatment areas? Yes ☐ No ☐ Do you have physician approval? Yes ☐ No ☐

Do you have a pacemaker or implantable defibrillator? Yes ☐ No ☐

Do you have a history of spinal fusion? Yes ☐ No ☐

Please list any additional surgeries (including date/reason for surgery):

_____

_____

Current medications

- [ ] Birth Control
- [ ] Hormone Therapy
- [ ] Antibiotics
- [ ] anti-Depressants
- [ ] Accutane
- [ ] Retin-A
- [ ] Prescription meds: _____
- [ ] Over the counter: _____
- [ ] Vitamins/Supplements: _____

Allergies

- [ ] Latex
- [ ] Lidocaine
- [ ] Cosmetics
- [ ] Aspirin
- [ ] Hydrocortisone
- [ ] Fragrances
- [ ] Alpha Hydroxy Acid
- [ ] Neosporin
- [ ] iodine
- [ ] skin care products
- [ ] Hydroquinone
- [ ] Costume Jewelry
- [ ] Drug allergies: _____
- [ ] Food allergies: _____
- [ ] Other: _____

Desired Treatment Areas

- [ ] full Face
- [ ] shoulders
- [ ] full back
- [ ] unibrow
- [ ] underarms
- [ ] half back
- [ ] ears
- [ ] full arms
- [ ] abdomen
- [ ] sideburns
- [ ] half arms
- [ ] belly trail
- [ ] cheeks
- [ ] full legs
- [ ] bikini line
- [ ] upper lip
- [ ] upper legs
- [ ] full bikini
- [ ] chin
- [ ] lower legs
- [ ] brazilian
- [ ] neck
- [ ] feet
- [ ] areolas
- [ ] chest
- [ ] toes only
- [ ] male groin
- [ ] half chest
- [ ] hands
- [ ] groin/backside
- [ ] full body
- [ ] fingers only
- [ ] buttocks

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SKIN THERAPY & WELLNESS

Informed Consent for Laser Hair Removal

Client Name: _____ **Date:** _____

The purpose of this procedure is to diminish or remove unwanted hair from the body. The total number of treatments required to achieve optimal results will vary between individuals. Typically, 6-8 treatments are required per area. On occasion, there are patients that do not respond to treatments; however, most people see a 10-25% reduction in hair growth after each cycle. The treated hair should exfoliate or push out in approximately 2-3 weeks.

I have been advised of the following risks and potential reactions associated with laser hair removal. Please initial.

_____ 1. There is a **risk of burning and scarring** from any treatment with lasers.

_____ 2. Short-term effects may include **mild discomfort, minor swelling and/or redness to the areas of treated skin, temporary bruising or blistering**. In most cases, the skin will return to normal within 72 hours. Neosporin may be needed for this type of reaction. (If you use a lot of Neosporin, Vasoline is advised.)

_____ 3. **Areas being treated with laser must not have been exposed to natural or artificial tanning such as tanning beds, or sunless tanning sprays/creams in the past 4 weeks, as this can increase the risk of burning and changes in skin pigmentation.**

4. **Hyperpigmentation (browning) and Hypopigmentation (lightening)** have also been noted after treatment. These conditions usually resolve within 3-6 months, but permanent color change is a rare risk.

_____

5. **Infection:** Although infection following treatment is unusual, bacterial, fungal, and viral infections can occur. Herpes simplex virus (HPV) infections around the mouth can occur following treatment. This applies to both individuals with a history of HPV infections and individuals with no known history of HSV infections in the mouth area. Should any type of skin infection occur, additional treatments or medical antibiotics may be necessary.

_____

6. **Bleeding:** Pinpoint bleeding is rare, but can occur following laser treatment procedures. Should bleeding occur, additional treatment may be necessary.

_____

7. **Allergic Reactions:** In rare cases, local allergies to tape and preservatives used in cosmetic or topical preparations have been reported. Systemic reactions (which are more serious) may result from prescription medications.

_____

8. **I understand that exposure of my eyes to light could harm my vision. I agree to keep protective eye goggles on at all times.**

_____

9. **Compliance with pre-treatment and post-treatment guidelines and avoidance of sun exposure is crucial for healing, prevention of scarring, and changes in skin pigmentation.**

_____

Acknowledgment:

I _____ , duly authorize specially trained associate technicians of this facility (Be You Skin Therapy & Wellness), to perform laser hair removal. **I understand that permanent hair removal results can vary** depending on the client's situation, as well as medical condition(s), stage of life, and medication(s). We cannot guarantee specific results, as all clients' body chemistry & hormone levels are different.

My questions regarding the procedure have been answered satisfactorily.

I understand the procedure and accept the risks. I hereby release Christina Ward and Aubrey Mangum (Laser technicians), Be You Skin Therapy & Wellness (facility), Charmaine Blair and Jason Plumley (Medical Directors) from all liabilities associated with the above procedure.

Occasionally, unforeseen mechanical problems may occur and your appointment will need to be rescheduled. We will make every effort to notify you prior to your arrival to the office. Please be understanding if we cause you any inconvenience.

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, doctor or nurse of my current medical or health conditions and to update this history as it is essential for the caregiver to execute appropriate treatment procedures.

Client Signature: _____ **Date:** _____

Physician: _____ **Date:** _____

Laser Technician: _____ **Date:** _____

Photograph Consent
☐ *I hereby grant permission to Be You Skin Therapy & Wellness to photograph the treatment areas for my personal chart to more accurately track the progression of my treatment.*
☐ *I DO NOT grant permission to Be You Skin Therapy & Wellness to photograph the treatment areas for my personal chart to more accurately track the progression of my treatment.*

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SKIN THERAPY & WELLNESS

Pre-Treatment Instruction for Laser Hair

- Avoid tanning, tanning beds, and sunless tanners for 6 weeks prior to treatment.
- Do not wax or have electrolysis 6 weeks before treatment.
- You may shave or use depilatory cream up until 72 hours before treatment; however, stubble should be visible on the day of treatment.
- Do not apply any lotions, body oils, perfumes, or make-up in the areas to be treated.

Post-Treatment Instruction for Laser Hair

- It is normal for treated areas to be slightly red with small bumps shortly after treatment. This reaction usually subsides within a few hours. Apply Aloe Vera and a cold compress, if needed. Clients with darker pigmented skin may experience more discomfort than those with lighter skin.
- If crusting occurs, apply antibiotic cream.
- Makeup may be used after treatment, providing there is no blistering. It is recommended to use new makeup to reduce the risk of infection. Use moisturizer (without alpha-hydroxy acids) prior to applying makeup. Moisturizing the skin will help exfoliate the dead hairs from the follicles.
- You may shower after the laser treatments with lukewarm water. The treated area may be washed with a mild soap. Deodorant may be applied after 24 hours. Please pat the skin dry and avoid rubbing.
- Avoid sun exposure for 2 months to reduce the chance of developing dark or light spots. Use sunscreen SPF 25 or higher at all times throughout the treatment and for 1-2 months following.
- Avoid scratching or picking the treated skin. DO NOT USE any other hair removal methods or products on the treated area during the course of the laser treatments, as this will prevent achieving optimal results.
- Anywhere from 5-30 days after treatment, shedding of the hair may occur and appear a new hair growth. This is not new growth, rather the dead hair pushing its way out of the follicle. Gently exfoliate by washing the area with a washcloth.
- Hair re-growth occur at different rates on different areas of the body. New hair growth will not occur for at least 3 weeks post-treatment.
- Please call your physician's office with any questions or concerns following treatment.

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Laser Hair Treatment Record

Client Name		☐ **Physician Consent Signed**
DOB	☐ M ☐ F ☐ TS	Photograph Consent ☐ Y ☐ N
Alexandrite 755 ☐ Type I ☐ Type II ☐ Type III		**YAG 1064** ☐ Type IV ☐ Type V ☐ Type VI

Treatment Area:

Date	Technician	Laser	Setting	Spot size	Pulse Width	J/ cm2	Pulse count	Procedure Notes	Soothing	After care
		☐ Clarity II ☐ MPX	☐ Alex 755 ☐ Yag 1064					☐ Tolerated Well ☐ Redness ☐ Bumps	☐ Cooling ☐ Aloe	
		☐ Clarity II ☐ MPX	☐ Alex 755 ☐ Yag 1064					☐ Tolerated Well ☐ Redness ☐ Bumps	☐ Cooling ☐ Aloe	
		☐ Clarity II ☐ MPX	☐ Alex 755 ☐ Yag 1064					☐ Tolerated Well ☐ Redness ☐ Bumps	☐ Cooling ☐ Aloe	
		☐ Clarity II ☐ MPX	☐ Alex 755 ☐ Yag 1064					☐ Tolerated Well ☐ Redness ☐ Bumps	☐ Cooling ☐ Aloe	
		☐ Clarity II ☐ MPX	☐ Alex 755 ☐ Yag 1064					☐ Tolerated Well ☐ Redness ☐ Bumps	☐ Cooling ☐ Aloe	
		☐ Clarity II ☐ MPX	☐ Alex 755 ☐ Yag 1064					☐ Tolerated Well ☐ Redness ☐ Bumps	☐ Cooling ☐ Aloe	
		☐ Clarity II ☐ MPX	☐ Alex 755 ☐ Yag 1064					☐ Tolerated Well ☐ Redness ☐ Bumps	☐ Cooling ☐ Aloe	
		☐ Clarity II ☐ MPX	☐ Alex 755 ☐ Yag 1064					☐ Tolerated Well ☐ Redness ☐ Bumps	☐ Cooling ☐ Aloe	

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		☐ Clarity II ☐ MPX	☐ Alex 755 ☐ Yag 1064					☐ Tolerated Well ☐ Redness ☐ Bumps	☐ Cooling ☐ Aloe	
		☐ Clarity II ☐ NPX	☐ Alex 755 ☐ Yag 1064					☐ Tolerated Well ☐ Redness ☐ Bumps	☐ Cooling ☐ Aloe	

Treatment Area:

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Be You

SKIN THERAPY & WELLNESS

Laser Hair

Full face.....$95
Unibrow.....$50
Ears.....$50
Sideburns.....$50
Cheeks.....$50
Upper lip.....$50
Chin.....$50
Neck.....$95
Chest.....$200
Half Chest.....$100
Full Body.....Combined total of all treated areas

Shoulders..... $75
Underarms.....$95
Full arms.....$150
Half arms.....$75
Full legs.....$450
Upper legs.....$250
Lower legs.....$200
Feet..... $75
Toes only.....$50
Hands.....$75
Fingers only.....$50

Full back.....$350
Half back..... $175
Stomach.....$150
Belly trail.....$50
Bikini line.....$75
Full bikini.....$100
Brazilian.....$125
Areolas.....$50
Male groin..... $150
Groin/Backside.... $175
Buttocks.....$250

Consultation

One-time pre-treatment physician consultation.....$75

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