



## Laser Hair Reduction Intake Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (C) : \_\_\_\_\_ (W) : \_\_\_\_\_

Area(s) to be treated: \_\_\_\_\_

No of treatments: \_\_\_\_\_ Groupon #: \_\_\_\_\_

Mode of Payment: Cash \$ \_\_\_\_\_ Check # : \_\_\_\_\_ CC/last four digits: \_\_\_\_\_

**Please indicate YES or NO for each of the following:**

Histamine (HIVES):      Yes      No      Skin Cancer:      Yes      No

Diabetes:      Yes      No      Pregnant:      Yes      No

Photosensitive:      Yes      No      Smoking:      Yes      No

Herpes/skin lesions:      Yes      No      Hx of of Acne:      Yes      No

Skin Cancer:      Yes      No      Present Illnesses:      Yes      No

Any Blood Disease:      Yes      No      Laser Allergies:      Yes      No

Mood-altering drugs:      Yes      No      Keloids:      Yes      No

Current Medications:      Accutane      Aspirin      Antibiotics

Hormones intake:      Cortisone      St. Johns Wort      Oral Contraceptives

Skin Tone :      Light      Medium      Tan      Olive      Brown      Dark brown

Tanning/Sun Exposure:      Daily      Weekly      Monthly      Year

Previous treatments :      Waxing      Shaving      Bleaching      Electrolysis

# Help Us Treat You the Right Way.....

Skin type is often categorized according to the Fitzpatrick Skin Type Scale which ranges from very fair (skin type I) to very dark (skin type VI). Genetic disposition, individual reaction to sun exposure and tanning habits are considered. **Please mark the Score (0-4) and then add the scores on the right side of the page.**

## Genetic Disposition :

What is the color of your eyes?

0 - Light blue\Gray\Green 1- Blue\Gray\Green 2 - Blue 3 - Dark Brown 4 -Brownish Black **Score:** \_\_\_\_\_

What is the natural color of your hair?

0 - Sandy Red 1- Blonde 2 - Auburn/ light Blonde 3 -Dark Brown 4 - Black **Score:** \_\_\_\_\_

What is the color of your skin (non-exposed areas)?

0 - Reddish 1 - Very Pale 2 - Pale w/Beige Tint 3 - Light Brown 4 - Dark Brown **Score:** \_\_\_\_\_

Do you have freckles on unexposed skin?

0 - Many 1 - Several 2 - Few 3 - Incidental 4 - None **Score:** \_\_\_\_\_

**Total Score for Genetic Disposition:** \_\_\_\_\_

## Reaction to Sun Exposure :

What happens when you stay too long in the sun?

0 - Painful redness, blistering, peeling 1 - Moderate redness, blistering followed by peeling  
2 - Mild burn sometimes followed by peeling 3 - Rare Burns 4 - Never had burns **Score:** \_\_\_\_\_

To what degree do you turn brown?

0 - Never 1 - Light color tan 2 - Reasonable tan 3 - Tan easy 4 - Tans darkly quickly **Score:** \_\_\_\_\_

Do you turn brown within several hours after sun exposure?

0 - Never 1 - Seldom 2 - Sometimes 3 - Often 4 - Always **Score:** \_\_\_\_\_

How does your face react to the sun?

0 - Sensitive 1 - Seldom 2 - Sometimes 3 - Normal 4 - Resistant **Score:** \_\_\_\_\_

**Total score for Reaction to Sun Exposure:** \_\_\_\_\_

## Tanning Habits:

How many months ago was your body last exposed to sun, tanning light or tanning cream?

0 - More than 3 months 1 - 2-3 months 2 - 1-2 months 3 - Less than a month 4 - 2 weeks **Score:** \_\_\_\_\_

Has the area to be treated ever been exposed to the sun?

0 - Never 1 - Seldom 2 - Sometimes 3 - Often 4 - Always **Score:** \_\_\_\_\_

**Total Score for Tanning Habits:** \_\_\_\_\_

SKIN TYPE SCORE	Fitzpatrick Skin Type
0 to 7	I
8 to 16	II
17 to 25	III
25 to 30	IV
Over 30	V-VI

Total Score of 3 Sections: \_\_\_\_\_

Fitzpatrick Skin type : \_\_\_\_\_

[Print Name]

Signature

Date

## **Laser Hair Removal Consent**

**INT** \_\_\_\_\_ I agree that the information listed above has been reviewed and presented with my clear understanding of what this procedure involves. I, the undersigned declare that I have answered all the above questions to the best of my ability and knowledge. I will not hold Oasis Medspa, Physician or any member/ staff responsible for any errors or omissions that I may have made in the completion of this form. With full and clear understanding, by signing below I release the technician from liability associated with these procedures.

## **Patient Consent**

The purpose of this procedure is to diminish or remove unwanted hair. The procedure requires more than one treatment and may produce permanent hair removal. In order to ensure maximum results, it is necessary to follow the recommended treatment schedule. The total number of treatments will vary between individuals. The treated hair should exfoliate or push out in approximately 2-3 weeks. On rare occasion, there are patients that do not respond to treatments. I understand the nature, goals, limitation and possible complications of this procedure and have discussed alternative forms of treatment. I have had the opportunity to ask questions about the procedure, as well as any limitations, complications and/or side effects. It is the client's full responsibility to keep track of his/her scheduled appointments.

**INT** \_\_\_\_\_ If client fails to notify of appointment cancellation at least 24 hours in advance, the no-show will be counted as used treatment of the client's package deal. I have read, agree to and understand the following:

**INT** \_\_\_\_\_ The goal of any aesthetic laser treatment, as in any cosmetic procedure, is improvement, not perfection and results may not be perfect due to any genetic, hormonal, nutritional, or topical applications interference or an impact of unpredictable reactions.

**INT** \_\_\_\_\_ However slightly, there is a risk of scarring. It is important to follow all post treatment instructions carefully; compliance is crucial for healing and prevention of scarring.

**INT** \_\_\_\_\_ Short term effects may include discomfort at treatment site, redness, swelling, mild burning, and temporary bruising or blistering. (This may last anywhere from few days to a few weeks). Hyper-pigmentation (darkening) and Hypo-pigmentation (lightening) have also been noted after treatment. These conditions usually resolve within 1-4 months, but permanent color change is a rare risk. Avoiding sun exposure before and after treatment reduces the risk of color change.

**INT** \_\_\_\_\_ This applies to both individuals with a past history of herpes simplex virus infections and individuals with no known history of herpes simplex virus infections. Bacterial, fungal and viral infections can occur. Herpes simplex (viral infections) around the mouth can occur following a treatment. Should any type of skin infection occur, antibiotics are necessary.

**INT** \_\_\_\_\_ Allergic Reactions: In rare cases, local allergies to tape, preservatives used in cosmetics or topical preparations have been reported. Systemic reactions (which are more serious) may result from prescription medicines.

**INT** \_\_\_\_\_ If laser treatment is not effective due to weak pigment, no pigment, gray/white/blonde/red hair, and/or interference of medications or health conditions:

**INT** \_\_\_\_\_ Occasionally, unforeseen mechanical problems 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.

**INT** \_\_\_\_\_ Do not accept advice from anyone not directly responsible for your post care. Suggestions from friends may be sincere but are often not helpful or even innocently harmful. Follow all pre and post care instructions provided by your provider.

## Liability Release Form and Refund Policy

**INT** \_\_\_\_\_ Company Cancellation Policy: For any credit card payments - a 10% surcharge and merchant fee will be deducted in case of any refund after original transaction.

**INT** \_\_\_\_\_ PACKAGE REFUND POLICY: I fully understand that by purchasing a package deal I am receiving a prepaid, multiple-treatment discount. Therefore, if at any time during the treatments I decide to discontinue and/or cancel my contract, the price of the full package I prepaid will be prorated for the amount of treatments I received up until the cancellation date (based on the cost of one full menu price treatment). I fully understand there will be no reason or excuse to get a full refund for any package deal at any given time if I have already received treatment(s). I have taken into consideration and understand that we made the commitment for the treatment, consultation, and the doctor/PA, ARNP, CCE, CME, and/or instructor's valued time.

### Acknowledgment

I have read and understand all of the above. I have asked any and all questions that I have regarding the procedure of laser hair removal, pre-treatment and post-treatment instructions. I understand completely and will take full responsibility for post-treatment care. All of the treatment fees have been discussed with me and I understand them completely.

No cancellations of payment, refunds, or discounts of any kind will be applied/given to the customer 48 hours after signing and first full treatment is completed. My questions regarding the procedure have been answered satisfactorily. I understand the procedure and accept the risks. I hereby release all related staff from all liabilities associated with the above-indicated procedure(s).

By signing this form, I am giving Oasis MedSpa permission to treat me and I understand all symptoms and side effects that may occur during or after treatments, thereby releasing Oasis MedSpa of all liability regarding these issues. Should you have any concerns or questions, please do not hesitate to call our office.

Note: BY SIGNING THIS AGREEMENT, YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL BINDING ARBITRATION RATHER THAN BY A JURY OR A COURT TRIAL. CERTAIN PORTIONS OF THE ELECTIVE MEDICAL PROCEDURES THAT THIS PROVIDER PERFORMS MAY NOT BE COVERED BY THE PROVIDERS' OR FACILITIE'S LIABILITY INSURANCE POLICY AND IT IS YOUR RESPONSIBILITY TO INQUIRE OF THE PROVIDER CONCERNING THOSE PROCEDURES YOU HAVE REQUESTED. I acknowledge being given a copy of this Agreement at the time it was signed.

**Print Name :** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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