

AGELESS

MED SPA

Name _____ Age _____ Sex _____
Date _____

Area(s) to be treated _____

Past or present Illnesses/Medical Conditions, please
list: _____

Present Medications (Accutane, Antibiotics, Asprin, Antiviral, Iron Supplements, Gold Therapy,
Coumadia, drugs which may cause photosensitivity this includes herbal-supplements):

List medications and dosages:

Please list dosage of oral Antibiotics/ Accutane and date of last dose taken:

Please list any topical medications you are using:

Do you have a history of any autoimmune disease?

Do you have history of HSV1 or HSV2?

Do you have any implants/ Injectables /Permanent make-up? If so, Please List:

Do you have any tattoos? If so, Please list location:

History of Keloids/hypertrophic soars: Yes ___ No ___

Tanning History (including direct sun, self tanners, spray tans) Please list and include last date of use:

Previous Laser Treatment: (Specify date/number of treatments/frequency/tissue response/device used. If known):

Previous Hair Removal History, if applicable:

Wax Epilating _____ Mechanical Epilating (Tweezing) _____ Electrolysis _____ Bleaching _____

Shaving _____

Frequency/ and last use of above modalities:

Have you ever had a cosmetic peel/cosmetic procedure? Please list:

FOR STAFF ONLY:

Recommendations: Discussion with Patients

- ___1. Treatment options (testing,brown and black hair responds best, number of treatments).
- ___2. Client expectations: (understand need for multiple treatments, after care, possible side effects, etc).
- ___3. Full treatment schedule process (waiting period in between treatments, expected results)
- ___4. Possible side effects (hyper pigmentation, hypo pigmentation, pupura, scarring, textural changes, burns, blistering, pain or discomfort and erythema) and length of time to expect healing if side effects occur).
- ___5. Specifics of area to be treated. Test small area for tissue response BEFORE full treatment.
- ___6. Importance of sun exposure avoidance and the use of a broad spectrum zinc oxide or titanium dioxide UVA/UVB sun-block with SPF 30 or higher during the entire program.
- ___7. Sensation of the laser/DCD spray and the option for topical anesthesia or other cooling methods.
- ___8. Benefits of laser treatment (possible long-term hair removal)
- ___9. Cost of treatments (payment schedule, cost of multiple treatments versus single payment per visit)
- ___8. Eyewear protection and laser safety measures required for patient and provider. Patients may sense light while wearing proper eye protection.
- ___9. Importance of post care instructions/procedures.

PHOTO TAKEN TODAY: YES _____ NO _____

Comments:

I have acknowledged and gone through all of the above procedures with my laser provider.

Signature _____ Date _____

Print Name _____ Provider _____

