

CONSULTATION FORM

Name		Age	Sex	_ Date
Area(s) to be treated today:				
a(s) to be treated today: t or present Illnesses/Medical Conditions, please list: grigies: sent Medications (Accutane, Antibiotics, Aspirin, Antiviral, Iron supplements, Gold therapy, Coumadin, as which may cause photosensitivity this includes herbal supplements): medications and dosages: see list dosage of oral antibiotics/Accutane and date of last dose taken: see list any topical medications you are using: you have a history of any autoimmune disease? you have an history of HSV I or HSV 2 you have any implants/injectables/permanent make-up? If so, please list: you have any tattoos? Is so, please list location: you pregnant? Yes No N/A LMP ory of keloids/hypertrophic scars: yes no ning history (including direct sun, self tanners, spray tans) Please list and include last date of use:				
Allergies:				
				s, Gold therapy, Coumadin
List medications and dosages:				
Please list dosage of oral antibiotics/Ac	ecutane and date	of last dose	taken:	
Please list any topical medications you	are using:			
Do you have a history of any autoimm	une disease?			
Do you have any implants/injectables/p	oermanent make-	-up? If so, pl	ease list:	
Do you have any tattoos? Is so, please	list location:			
Are you pregnant? Yes No	N/A	LN	IP	
History of keloids/hypertrophic scars: y	yes no			
Tanning history (including direct sun, s	self tanners, sprag	y tans) Pleas	se list and in	nclude last date of use:

CONSULTATION FORM (continued)

blistering, pain or discomfort and erythema) and length of time to expect healing if side effects occur. 6. Specifics of area to be treated. Test small area for tissue response BEFORE full treatment. 7. Importance of sun exposure avoidance and the use of a broad spectrum zinc oxide or titanium dioxide UVA/B sun block with SPF 30 or higher. during the entire treatment program. 8. Sensation of the laser/DCD spray and the option for topical anesthesia or other cooling methods. 9. Benefits of laser treatment (possible long-term hair removal), 10. Cost of treatment (payment schedule, cost of multiple treatments versus single payment per visit). 11. Eyewear protection and laser safety measures required for patient and provider. Patients may sense lightly while wearing proper eye protection. 12. Importance of post care instructions/procedures. Photo taken today: YES NO COMMENTS: I agree that the information listed above has been reviewed and presented with my clear understanding of what procedure involves. All of my questions have been addressed to my satisfaction.	Previ	ious Laser Treatment: (specify date/number of treatments/frequency/tissue response/devise used, if known
Frequency/and last use of above modalities: Other type treatment: Have you ever had a cosmetic peel/cosmetic procedure? Please list Commendations: Discussion with provider 1. Treatment options (testing, brown or black hair responds best, number of treatments). 2. Client expectations: (understand need for multiple treatments, after care, possible side effects, etc). 3. Physician consultation (If required in your state) before or after test for a treatment recommendation. 4. Full treatment schedule process (waiting period in-between treatments, expected results., 5. Possible side effects (hyperpigmentation, hypopigmentation, purpura, scarring, textural changes, burr blistering, pain or discomfort and erythema) and length of time to expect healing if side effects occur. 6. Specifics of area to be treated. Test small area for tissue response BEFORE full treatment. 7. Importance of sun exposure avoidance and the use of a broad spectrum zinc oxide or titanium dioxide UVA/B sun block with SPF 30 or higher. during the entire treatment program. 8. Sensation of the laser/DCD spray and the option for topical anesthesia or other cooling methods. 9. Benefits of laser treatment (possible long-term hair removal), 10. Cost of treatment (payment schedule, cost of multiple treatments versus single payment per visit). 11. Eyewear protection and laser safety measures required for patient and provider. Patients may sense limbility while wearing proper eye protection. 12. Importance of post care instructions/procedures. 13. Importance of post care instructions/procedures. 14. Importance of post care instructions/procedures. 15. Importance of post care instructions/procedures. 16. Importance of post care instructions/procedures.		
Other type treatment: Have you ever had a cosmetic peel/cosmetic procedure? Please list	Previ Elect	ious Hair Removal History, if applicable: Wax epilation Mechanical epilation (plucking) trolysis Bleaching Shaving
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DR STAFF ONLY: ecommendations: Discussion with provider 1. Treatment options (testing, brown or black hair responds best, number of treatments). 2. Client expectations: (understand need for multiple treatments, after care, possible side effects, etc). 3. Physician consultation (If required in your state) before or after test for a treatment recommendation. 4. Full treatment schedule process (waiting period in-between treatments, expected results., 5. Possible side effects (hyperpigmentation, hypopigmentation, purpura, scarring, textural changes, burn blistering, pain or discomfort and erythema) and length of time to expect healing if side effects occur. 6. Specifics of area to be treated. Test small area for tissue response BEFORE full treatment. 7. Importance of sun exposure avoidance and the use of a broad spectrum zinc oxide or titanium dioxide UVA/B sun block with SPF 30 or higher. during the entire treatment program. 8. Sensation of the laser/DCD spray and the option for topical anesthesia or other cooling methods. 9. Benefits of laser treatment (possible long-term hair removal), 10. Cost of treatment (payment schedule, cost of multiple treatments versus single payment per visit). 11. Eyewear protection and laser safety measures required for patient and provider. Patients may sense lightly wearing proper eye protection. 12. Importance of post care instructions/procedures. 13. Importance of post care instructions/procedures. 14. Importance of post care instructions/procedures. 15. Importance of post care instructions/procedures. 16. OMMENTS: 17. In agree that the information listed above has been reviewed and presented with my clear understanding of what procedure involves. All of my questions have been addressed to my satisfaction.	Othe	er type treatment:
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