

# LASER HAIR REMOVAL *client intake form*



## GENERAL INFORMATION

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 What is your gender?  Male  Female  Non-binary  Other  
 Are you 18 years of age or over?  Yes  No  
 How did you hear about us? \_\_\_\_\_

## MEDICAL INFORMATION

Are you currently pregnant or breastfeeding? Yes No  
 Have you had any recent sunburns or excessive sun exposure in the treatment area? Yes No  
 Do you have any history of skin conditions, such as psoriasis, eczema, or active cold sores? Yes No  
 Have you had any recent cosmetic treatments or procedures in the treatment area? Yes No  
 Are you currently taking any medications or supplements that may increase photosensitivity or interfere with the treatment? Yes No  
 If 'Yes', please provide details: \_\_\_\_\_  
 Have you had any previous experience with Laser Hair Removal? Yes No  
 If 'Yes', please specify: \_\_\_\_\_  
 Have you ever experienced any adverse reactions or complications from previous cosmetic treatments or procedures?  Yes  No  
 If 'Yes', please provide details: \_\_\_\_\_  
 Are you currently under the care of a healthcare professional?  Yes  No  
 If 'Yes', please provide details: \_\_\_\_\_  
 Are you currently undergoing any cancer treatments or have a history of skin cancer?  Yes  No  
 If 'Yes', please provide details: \_\_\_\_\_

## LASER HAIR REMOVAL INTAKE FORM

*(continued)*

Are you allergic to any medications, topical products, or materials used during cosmetic procedures?  Yes  No

If 'Yes', please provide details: \_\_\_\_\_

Do you have a pacemaker, metal implants, or any other electronic or medical devices implanted in your body?  Yes  No

If 'Yes', please provide details: \_\_\_\_\_

*Please check the circle and sign below to confirm your understanding:*

*I understand that it is my responsibility to provide accurate and complete information on this consultation form. By signing below, I acknowledge that I have read and understood the information provided and have had the opportunity to ask any questions I may have.*

*I agree to follow the recommendations and instructions provided by the practitioner and understand that the success of the Laser hair removal treatment may depend on my compliance and cooperation.*

CLIENT NAME (PRINTED)

CLIENT (SIGNATURE)

DATE:

PRACTITIONER NAME  
(PRINTED):

PRACTITIONER (SIGNATURE):

DATE:

# LASER HAIR REMOVAL

## client consent form



### PROCEDURE INFORMATION

Laser hair removal is a non-invasive cosmetic procedure performed to reduce or remove unwanted hair. This procedure uses laser technology to target and destroy hair follicles, preventing future hair growth. Before proceeding with the treatment, it is important to fully understand the potential risks and benefits involved. Please read this consent form carefully and feel free to ask any questions you may have before signing.

### TREATMENT DESCRIPTION

Laser hair removal treatment involves the use of laser energy to target and destroy hair follicles. The procedure is typically performed by a trained professional using a handheld device that emits the laser light. The laser light is absorbed by the pigment (melanin) in the hair follicles, damaging them and inhibiting future hair growth. Multiple treatment sessions are usually required for optimal results, as hair grows in cycles.

### RISKS & POTENTIAL COMPLICATIONS

While Laser hair removal is generally safe, there are certain risks and potential complications associated with the procedure, which may include but are not limited to:

- **Skin irritation:** Temporary redness, swelling, itching, or mild discomfort may occur in the treated area. These effects are usually mild and subside within a few hours or days.
- **Pigment changes:** Laser hair removal may cause temporary or, in rare cases, permanent changes in skin pigmentation. This can result in darkening or lightening of the treated skin area.
- **Burns and blisters:** In rare instances, laser treatment may cause burns or blisters. These are typically superficial and heal with proper care, but in some cases, they may lead to scarring.
- **Scarring:** Although uncommon, Laser hair removal may result in scarring, particularly in individuals with a predisposition to keloid formation or improper wound healing.
- **Eye injury:** Protective eyewear is required during the procedure to prevent accidental eye exposure to laser light, which can cause damage to the eyes.

### PRE-TREATMENT INSTRUCTIONS

To ensure the safety and effectiveness of the treatment, please adhere to the following instructions:

- Avoid sun exposure, tanning beds, and self-tanning products for at least two weeks before treatment.
- Do not wax, pluck, or bleach the hair in the treatment area for at least four weeks before the procedure.
- Shave the treatment area one day prior to the appointment to ensure the laser targets the hair follicles accurately.

## LASER HAIR REMOVAL CONSENT FORM

(continued)

- o Inform the practitioner about any medications, medical conditions, or recent changes in your health history.

### POST-TREATMENT CARE

To promote proper healing and minimize the risk of complications, it is important to follow these post-treatment instructions:

- o Apply a soothing cream or gel recommended by the practitioner to alleviate any discomfort or redness.
- o Avoid direct sun exposure and use a broad-spectrum sunscreen (SPF 30+) on the treated area for at least four weeks.
- o Do not pick, scratch, or rub the treated area to prevent infection or scarring.
- o Avoid hot baths, saunas, steam rooms, or intense physical activities for 24-48 hours after treatment.
- o Contact the clinic if you experience any unusual or severe side effects.

Please check the circle and sign below to confirm your understanding:

I have read and understood the information provided above regarding Laser Hair Removal. I have had the opportunity to ask questions, and all my queries have been addressed to my satisfaction. I understand the potential risks and benefits of the procedure and hereby give my informed consent to undergo Laser Hair Removal treatment.

_____	_____	_____
CLIENT NAME (PRINTED)	CLIENT (SIGNATURE):	DATE:
_____	_____	_____
PRACTITIONER NAME (PRINTED):	PRACTITIONER (SIGNATURE):	DATE:

## LASER HAIR REMOVAL

*Frequently asked questions***WHAT IS LASER HAIR REMOVAL?**

Laser hair removal is a cosmetic procedure that uses concentrated beams of light to target and destroy hair follicles, inhibiting future hair growth. It is a long-term hair reduction method.

**HOW DOES LASER HAIR REMOVAL WORK?**

During the procedure, the laser emits a specific wavelength of light that is absorbed by the pigment (melanin) in the hair follicles. The heat generated from the laser damages the follicles, which inhibits their ability to produce new hair.

**IS LASER HAIR REMOVAL PERMANENT?**

Laser hair removal can provide long-lasting hair reduction, but it is not considered a permanent solution. It can significantly reduce hair growth, and some individuals may experience long-term or even permanent hair loss. However, occasional maintenance sessions may be required to treat any new hair growth.

**WHICH AREAS OF THE BODY CAN BE TREATED WITH LASER HAIR REMOVAL?**

Laser hair removal can be performed on various areas of the body, including the face, legs, arms, underarms, bikini area, chest, back, and more. It is essential to consult with a professional to determine the suitability of treatment for specific areas.

**IS LASER HAIR REMOVAL SAFE?**

When performed by a qualified and experienced professional, laser hair removal is generally safe. However, there are minimal risks associated with the procedure, such as temporary skin irritation, redness, or swelling. It is crucial to follow pre and post-treatment care instructions provided by the practitioner.

**HOW MANY SESSIONS ARE REQUIRED TO SEE RESULTS?**

Multiple sessions are typically required to achieve optimal results. The number of sessions varies depending on factors such as the targeted area, hair color, thickness, and individual response to treatment. On average, most people require 6 to 8 sessions spaced several weeks apart.

**DOES LASER HAIR REMOVAL WORK ON ALL HAIR COLORS AND SKIN TYPES?**

Laser hair removal is most effective on individuals with fair skin and dark hair because the laser targets the pigment in the hair follicles. However, advancements in technology have made it possible to perform laser hair removal on a broader range of skin tones and hair colors. It is best to consult with a professional to determine the suitability of treatment for your specific situation.

**ARE THERE ANY SPECIFIC PRE-TREATMENT INSTRUCTIONS?**

Your practitioner will provide you with specific pre-treatment instructions, which may include avoiding sun exposure, tanning beds, and certain hair removal methods such as plucking or waxing before the session. It is crucial to follow these instructions to ensure the effectiveness and safety of the treatment.

# LASER HAIR REMOVAL

## *aftercare advice*



Proper aftercare is crucial to ensure the best results and minimize any potential side effects after laser hair removal. Here are some general guidelines for post-treatment care:

### AVOID SUN EXPOSURE

Protect the treated area from direct sunlight and tanning beds for at least two weeks after the session. UV rays can increase the risk of complications and hinder the healing process. If sun exposure is unavoidable, use a broad-spectrum sunscreen with a high SPF (30 or above) and apply it generously.

### KEEP THE AREA CLEAN

Gently cleanse the treated area with mild soap and water to keep it clean. Avoid using harsh cleansers, scrubs, or exfoliants for at least a week following the treatment.

### MOISTURIZE

Apply a soothing and hydrating moisturizer to the treated area regularly. This helps to keep the skin moisturized and alleviate any dryness or flaking that may occur after laser treatment.

### AVOID HEAT AND FRICTION

For the first few days, avoid activities that generate heat or friction on the treated area. This includes hot showers, saunas, steam rooms, intense workouts, and activities that may cause excessive sweating.

### AVOID PICKING OR SCRATCHING

It is essential to avoid picking, scratching, or otherwise irritating the treated area. Let any scabs or blisters heal naturally to minimize the risk of scarring or infection.

### AVOID HAIR REMOVAL METHODS THAT CAN DISTURB THE HAIR FOLLICLES

While undergoing laser hair removal, avoid waxing, plucking, or using depilatory creams in the treated area. These methods can disrupt the hair follicles and interfere with the effectiveness of the laser treatment.

### PATIENCE WITH HAIR SHEDDING

It is normal for treated hairs to take some time to shed after laser hair removal. Within a few weeks, you may notice that the treated hairs start to fall out. Allow the hair to shed naturally and avoid forcefully pulling or tweezing them.

### SCHEDULE FOLLOW-UP SESSIONS AS RECOMMENDED

Laser hair removal typically requires multiple sessions to achieve optimal results. Follow the recommended treatment schedule provided by your practitioner to maintain progress and target new hair growth.

## LASER HAIR REMOVAL

*informed consent*

## INSTRUCTIONS

This consent form has been created to provide you with essential information regarding laser procedures, including their associated risks and alternative treatment options. It is crucial that you read this document thoroughly. Please initial each page to confirm your understanding and sign the consent for treatment.

## GENERAL INFORMATION

Laser hair reduction delivers results that traditional shaving or waxing cannot match. The laser targets hair follicles beneath the skin, converting its energy into heat to effectively destroy the follicle while leaving the surrounding skin unharmed. This procedure can treat various areas, including the face, bikini line, legs, arms, chest, and back, resulting in smooth skin free from stubble and ingrown hairs. Most areas can be treated in under an hour, and while sensitivity varies, many patients report minimal discomfort.

This procedure requires no downtime.

Hair grows in cycles, so you will need at least four to six sessions for optimal results, as the laser is not effective on hair in the early growth stage. After each session, you will notice a significant reduction in visible hair. Over time, hair growth will become slower, lighter, and finer. Multiple treatments are necessary to target all follicles in a given area.

The total number of sessions needed can differ from person to person. During your first visit, the laser targets follicles in the "active" growth phase, leaving those in the "dormant" phase unaffected. As hair follicles alternate between these phases, further sessions may be beneficial once dormant follicles become active. While many individuals see satisfactory results after four to six treatments, personal outcomes may vary based on medical history and genetic factors. Lighter hair may require additional treatments compared to darker hair.

Since no treatment can ensure permanent hair removal, most patients can anticipate a 70% to 90% reduction in hair growth.

## LASER HAIR REMOVAL INFORMED CONSENT

(continued)

### ALTERNATIVE TREATMENTS

Alternative options for hair removal include shaving, waxing, electrolysis, or choosing not to undergo laser procedures.

### IMPORTANT INSTRUCTIONS: PLEASE READ FOR YOUR SAFETY

If you're uncertain whether any products you are using could interfere with your treatment, please consult your primary physician before your appointment.

#### **PRE-TREATMENT: Laser Hair Removal**

Ensure your skin is at its natural tone. Avoid sun exposure for 2-4 weeks before and after treatment. Completely remove any spray tan with an alcohol wipe. Do not use tanning lotions, tanning beds, or any tanning products during this period. All treated areas must be protected with a sunscreen of SPF 30 or higher.

- Ensure your skin is at its natural tone. Avoid sun exposure for 2-4 weeks before and after treatment. Completely remove any spray tan with an alcohol wipe. Do not use tanning lotions, tanning beds, or any tanning products during this period. All treated areas must be protected with a sunscreen of SPF 30 or higher.
- Avoid taking antibiotics for at least 14 days before your laser treatment. We will not proceed with treatment if you have taken or applied antibiotics within 14 days of your last dose.
- Do not take aspirin or blood-thinning medications for at least 14 days prior to treatment. Refrain from using iron supplements (65 mg and above) for at least 3 days before and after your session. Please consult your physician before stopping any of these medications.
- You may not be taking Retin-A, Retinol, Benzoyl Peroxide, and/or Niacinimide, Salicylic, Hyaluronic, and other acid-containing products for a minimum of 7 days prior to receiving laser treatment. Please consult with your primary Physician prior to discontinuing the use of any of the medications listed above.
- Avoid Retin-A, retinol, benzoyl peroxide, niacinamide, salicylic acid, hyaluronic acid, and other acid-based products for at least 7 days prior to treatment. Again, consult your physician before discontinuing any of these products.
- If you have used Accutane or immunosuppressants, you must wait at least 6 months before receiving laser treatment.
- Do not undergo facial treatments, microdermabrasion, or chemical peels for at least 14 days prior to your appointment.
- Arrive with clean skin free of makeup, deodorant, lotions, or ointments in the areas to be treated. We recommend wearing loose, comfortable clothing for your visit.
- Please shave the treatment area 24-48 hours before your appointment. Do not wax, pluck, tweeze, thread, bleach, or use hair removal creams (like Nair) before your session.
- You may not receive laser treatment if you are pregnant or nursing, or if you suspect you may be.

## LASER HAIR REMOVAL INFORMED CONSENT

(continued)

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