

Laser Hair Removal

# PATIENT INFORMATION:

Name:					Date:			
Date of birth:				Age:				
Addı	ess:							
City:				Postal Code:				
Emai	l Address:							
Phone:				Emergency Contact:				
		•						
M I	EDICAL HISTO	RY	Y					
Pleas	Please mark any of the following conditions you may currently have.							
0	Acne	0	Herpes simple	ex	0	Psoriasis		
0	Autoimmune disorders	0	Hirsutism		0	Photosensitivity		
0	Blood clotting disorders	0	High blood p	ressure	0	Rosacea		
0	Cold sores or fever blisters	0	HIV/AIDS		0	Skin infections		
0	Cancer	0	Hyperpigmer	itation	0	Tinea		
0	Diabetes	0	Hypopigmen	tation	0	Urticaria (Hives)		
0	Dermatitis	0	Hormonal dis		0	Vitiligo		
0	Eczema	0	Keloids or hy	pertrophic scars	0	Varicose veins		
0	Endocrine illness	0	Lupus	. 1	0	Warts		
0	Epilepsy	0	Lesions, open	wounds	0	Other		
0	Heart disease	0	Moles					
0	Hirsutism	0	Pacemaker					



BEYOND Scardermy BEAUTY AESTHETICS Laser Hair Removal

# PATIENT INTAKE FORM

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Patients Name
I hereby acknowledge that I have voluntarily chosen to undergo a Laser Hair Removal procedure at <b>Beyond Beauty</b> <b>Medical Aesthetics</b>
I understand that Laser Hair Removal is a non-invasive cosmetic procedure designed to reduce unwanted hair by using laser technology to target hair follicles.
I have discussed my medical history and skin concerns with my Medical Provider, and I have provided accurate and complete information. I understand that the success and results of the Laser Hair Removal procedure may vary depending on my individual skin type and condition.
I freely and voluntarily submit all information requested concerning the state of my health as well as concerning an medication or drug, prescribed or otherwise, that I am taking; as well as concerning any treatment and/or health or esthetic treatment that I am currently receiving;
I understand that multiple sessions may be required for optimal results, and the number of sessions will be determined by the practitioner based on my individual response to treatment. I understand that there may be potential risks and side effects associated with laser hair removal, including but not limited to:
<ul> <li>Redness, swelling, and temporary discomfort in the treatment area.</li> <li>Changes in skin pigmentation, such as hyperpigmentation or hypopigmentation.</li> <li>Burns or blisters in rare cases.</li> <li>Scarring, although rare, may occur in certain skin types or with improper aftercare.</li> </ul>
<ul> <li>I understand that the practitioner will provide pre-treatment and post-treatment instructions, and I agree to follow these instructions to ensure safe and effective results.</li> <li>I understand that I should avoid sun exposure and tanning beds for a certain period before and after the treatment to minimize the risk of adverse reactions.</li> <li>I understand that laser hair removal may not be effective for certain hair colors or types and may not lead to permanent hair removal but can significantly reduce hair growth.</li> <li>I understand that there may be a need for maintenance sessions after completing the initial treatment plan to maintain hair reduction.</li> <li>I understand that the cost of laser hair removal may vary based on the treatment area and the number of session required.</li> </ul>
<ul> <li>I agree to show up for each treatment according to the schedule and in order to optimize the effectiveness of each treatment.</li> <li>I understand that six to eight (6 to 8) is the average number of treatments for the part of my body being treated (except the face and women going through hormonal change).</li> </ul>
By signing this consent form, I affirm that I have read, understood, and received detailed information regarding the Laser Hair Removal procedure, its potentia risks, side effects, and benefits. I acknowledge that I have had the opportunity to ask questions and have received satisfactory answers to all my inquiries.
Patient Name (Printed) Patient (Signature) Date

BEYOND BEAUTY MEDICAL AESTHETICS

Medical Provider (Signature)

Date

Medical Provider (Name)



# YOUR HEALTH

Have you ever had an allergic reaction to any of the following? 0 Shellfish Cosmetics O Essential Oils Sunscreen O Latex Medication O Nuts Iodine 0 Aspirin Food Pollen O Alpha Hydroxy Acids O Other Animals O Fragrance Skin Products If yes to any of the above, please explain Yes O No Do you take any anti-coagulants (blood-thinning) medications? O Yes O No Have you undergone chemotherapy in the last 6 months? O No Have you ever had a history of skin disorders, skin cancer, or suspicious skin lesions? O Yes Do you have a family history of skin problems (especially melanomas, skin cancer or vitiligo)? O No O Yes Do you have any medical conditions that you are currently being treated for? Yes O No Are you taking any medications, vitamins, including over-the-counter or prescription drugs? Yes O No Are you currently using any herbal supplements that may increase sensitivity to light? Yes O No Yes O No Have you undergone vein surgery on requested treatment area (sclerotherapy, stripping, etc.)? O Yes O No Do you have any pacemakers or implanted electronic devices? Do you have any tattoos or permanent makeup in the treatment area? O Yes O No Have you ever had a laser hair removal before? If yes, when was your last procedure? Yes O No O Yes O No Have you previously undergone any hair removal treatments in the treatment area?



# SKIN HISTORY

When whe	re you	ı last exposed	to the sun (including tanning	booths)?					
O Yes	0	No							
Do you ha	ve a ta	n or sunburr	n in the treatment area?						
O Yes	0	No							
Do You us	se sunl	ess tanning l	otions? If yes, when was it last	applied?					
O Yes	0	No							
Have you	had a	ıny recent c	hemical peels or laser treatm	ents in the treatment area?					
O Yes	0	No							
Have you	used	any topical	retinoids ( Retina-A, Renov	va, Differin) or isotretinoin (Accur	tane) in the past six months?				
O Yes	O Yes O No								
Are there any moles, warts, or skin growths in the treatment area?									
O Yes	0	No							
			F E M A L I	ECLIENTS					
Are you t	aking	birth contr	ol?						
O Yes	0	No							
Are you p	regna	nt or trying	to become pregnant?						
O Yes	0	No							
Are you u	ınderg	going any h	ormone replacement therap	y?					
O Yes	0	No .							
Are your	perio	ds regular? V	With what frequency?						
O Yes	0	No .							
When is y	our r	next menstri	ual cycle due to begin ?						
(For your p	ersonal	comfort, you	should avoid hair removal two da	ys before your cycle is due and two days a	fter it is completed.)				
What servi	ces wo	ould you lik	e to perform ?						
Facial:			Legs / Arms :	Body:	Bikini :				
O Eyeb	rows		O Full Leg	O Back / Shoulder	O Brazilian				
O Lip O Half Leg			O Half Leg	O Underarms	O Basic Bikini				
O Chir	1		O Full Arm	O Chest / Stomach	O Extended Bikini				
O Full	Face		O Half Arm	O Full Body	Other				

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## Scope of Practice:

Laser hair removal is a non-invasive cosmetic procedure designed to reduce unwanted hair on various parts of the body. It utilizes a concentrated beam of light, emitted by a specialized laser or intense pulsed light (IPL) device, to target and destroy hair follicles. The treatment is commonly used to achieve long-term hair reduction, offering an effective and efficient alternative to traditional hair removal methods such as shaving, waxing, or plucking.

#### How Laser Hair Removal Works:

During the laser hair removal procedure, the laser device emits a controlled pulse of light that is absorbed by the pigment (melanin) present in the hair follicles. The light energy is then converted into heat, which damages the hair follicles, inhibiting their ability to regrow hair in the future. This process selectively targets the hair follicles without causing harm to the surrounding skin, making it a safe and precise method of hair reduction.

#### **Benefits and Outcomes:**

- Long-term Hair Reduction: The procedure can lead to a significant reduction in hair growth, resulting in smoother skin that requires less frequent hair removal.
- Precision: Laser technology allows for targeted treatment, minimizing damage to the surrounding skin while effectively treating the hair follicles.
- Speed: Laser hair removal can cover relatively large treatment areas in a short amount of time, making it an efficient option for hair reduction.
- Improved Skin Texture: After multiple sessions, clients may experience a smoother and more even skin texture in the treated areas.

#### Number of Sessions and Individual Response:

The number of laser hair removal sessions required varies depending on individual factors, including hair color, skin type, and hair growth cycle. Most clients will need multiple sessions to achieve the desired hair reduction results. Typically, four to six sessions are recommended, spaced several weeks apart, to target hairs in different growth phases.

# What to Expect After the Procedure:

After the laser hair removal procedure, clients may experience the following:

- Redness: Mild to moderate redness in the treated area is common and typically subsides within a few hours to a day.
- Sensitivity: The treated skin may feel tender and sensitive for a short period. This sensation will diminish over time.
- Hair Shedding: Over the following days to weeks, treated hairs may gradually shed from the skin. This is a normal part of the process.
- Temporary Changes in Pigmentation: Some clients may notice temporary changes in skin pigmentation, such as darkening or lightening of the skin. These changes usually resolve within a few weeks.
- Minimal Swelling: Mild swelling in the treated area may occur but should subside within a day or two.

#### Recommended Topical Products:

The practitioner may recommend specific topical products to use after the procedure. These products are typically chosen for their ability to soothe the skin, reduce redness, and promote healing. Commonly recommended products may include:

- Aloe vera gel
- Calendula cream
- Hydrocortisone cream (use as directed by the practitioner)



# SKIN TYPE ASSESSMENT

Assessment	0	1	2	3	4	Score
What colour are your eyes?	Light Blue, Gray or Green	Blue, Gray, or Green	Blue	Dark Brown	Brownish Black	
What is your natural hair colour?	Sandy Red	Blond	Chestnut, Dark Blond	Dark Brown	Black	
What is the color of your unexposed skin?	Reddish	Very Pale	Pale with Beige Tint	Light Brown	Dark Brown	
Do you have Freckles on Sun exposed areas?	Many	Several	Few	Incidental	None	
What happens when you stay in the sun to long?	Painful Redness, Blistering, Peeling	Blistering Followed	Burns sometimes followed by Peeling	Rare Burns	Never had Burns	
To what degree do you turn Brown?	Hardly or Not at all	Light color Tan	Reasonable Tan	Tan Very Easily	Turn Dark Brown Quickly	
Do you turn brown several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always	
How does your face respond to the Sun?	Very Sensitive	Sensitive	Normal	Very Resistant	Never had a Problem	
When did you last expose yourself to the sun tanning bed or self- tanning creams?	More than 3 Months ago	2-3 Months	1-2 Months ago	Less Than 1 Month ago	Less than 2 Weeks ago	
Do you expose the area to be treated to the sun?	Never	Hardly Ever	Sometimes	Often	Always	
		Total Score:				

Skin Type Score	Fitzpatrick Rating:
0 - 7	I
8 - 16	II
17 - 25	III
25 - 30	IV
Over 30	V - VI

#### Potential Risks and Side Effects of Laser Hair Removal:

While laser hair removal is generally considered safe and well-tolerated, it is essential for clients to be aware of potential risks and side effects that may occur after the procedure. The majority of side effects are temporary and subside within a few days to a couple of weeks. It is crucial for clients to follow pre- and post-treatment instructions provided by the practitioner to minimize the likelihood of adverse reactions. The potential risks and side effects may include:

# Changes in Skin Pigmentation:

In some cases, laser hair removal can lead to temporary changes in skin pigmentation. Hyperpigmentation, the darkening of the skin, or hypopigmentation, lightening of the skin, may occur. These changes are usually temporary and tend to resolve over time, but they can persist in rare cases.

#### **Burns and Blisters:**

While rare, laser hair removal can potentially cause burns or blisters. Burns may result from excessive heat or an incorrect laser setting. Blisters may form as a response to the heat generated during treatment. These complications are more likely to occur if the procedure is performed by an inexperienced or untrained practitioner.

#### Light Scarring:

Although extremely uncommon, scarring is a potential risk of laser hair removal. Individuals with a history of keloid or hypertrophic scarring may be at a higher risk, as are those who fail to adhere to proper post-treatment care.

#### Infections:

Infections after laser hair removal are rare but can occur if the treated area is not properly cared for or if there is an underlying skin condition that compromises the skin's barrier function. Signs of infection may include increased redness, swelling, warmth, tenderness, and the development of pus or drainage from the treatment site. Should any of these symptoms arise after the procedure, clients should contact the practitioner immediately for evaluation and appropriate treatment.

# Allergic Reactions:

Allergic reactions to laser hair removal are exceedingly rare but can potentially happen. Allergies can be triggered by various factors, such as the numbing cream or cooling gel applied before the procedure. It is vital for clients to disclose any known allergies to topical products or anesthetics to the practitioner before the treatment. In the event of an allergic reaction, clients should seek immediate medical attention.

# Skin Sensitivity:

Laser hair removal can cause temporary skin sensitivity in the treated area, leading to increased redness and discomfort. This sensitivity typically subsides within a few hours to a couple of days after the procedure.

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Patient Name (Printed)	Patient (Signature)	Date
Medical Provider Name	Medical Provider (Signature)	Date

# Post-Treatment Instructions for Laser Hair Removal:

Proper post-treatment care is crucial for ensuring optimal results and reducing the risk of complications after laser hair removal. Following the procedure, clients should adhere to the following post-treatment instructions:

#### Cooling and Soothing:

After the procedure, the treated area may feel warm and sensitive. Apply a cool compress or a clean, cold, damp cloth to soothe the skin. Avoid using ice directly on the treated area, as it may cause additional irritation.

#### **Avoid Sun Exposure:**

Protect the treated area from direct sunlight for at least two weeks post-treatment. Ultraviolet (UV) rays can increase the risk of hyperpigmentation and other skin reactions. If sun exposure is unavoidable, apply a broad-spectrum sunscreen with SPF 30 or higher to the treated area and cover it with clothing.

#### **Avoid Irritating Products:**

For the first 24-48 hours after the procedure, avoid using any products that may irritate the treated skin, such as perfumed lotions, harsh cleansers, exfoliants, or alcohol-based products.

#### Gentle Cleansing:

Cleanse the treated area gently with a mild, fragrance-free cleanser and lukewarm water. Pat the skin dry with a clean, soft towel; avoid rubbing or aggressive drying.

#### Moisturize:

Keep the treated area well-hydrated by applying a gentle, fragrance-free moisturizer. Moisturizing the skin helps maintain its moisture barrier and promotes healing.

## Avoid Hair Removal Methods:

Refrain from using hair removal methods that disturb the hair follicles, such as waxing, plucking, or electrolysis, for at least four to six weeks post-treatment. These methods may interfere with the laser's effectiveness.

#### Do Not Scratch or Pick:

Avoid scratching or picking at the treated area, as it may lead to irritation, scarring, or infection.

#### Avoid Hot Baths and Saunas:

Steer clear of hot baths, saunas, hot tubs, or activities that cause excessive sweating for the first 24-48 hours after the procedure, as they may increase skin sensitivity.

#### Use Topical Products as Directed:

If the practitioner recommends any post-treatment topical products, such as aloe vera gel or soothing creams, apply them as directed to enhance comfort and reduce redness.

#### Follow Up Sessions:

Attend all scheduled follow-up sessions as recommended by the practitioner. Laser hair removal requires multiple sessions to achieve optimal results.

# Preparation Treatment for Laser Hair Removal:

To ensure optimal results and minimize the risk of adverse reactions, it is essential to follow pre-treatment instructions provided by our practitioner. Precautions may include:

## **Avoid Sun Exposure:**

Clients should avoid direct sun exposure, tanning beds, and self-tanning products in the treatment area for at least two weeks before the laser hair removal procedure. Sun exposure can increase the risk of complications and interfere with the effectiveness of the treatment. If the treatment area has recently been exposed to the sun, the procedure may need to be rescheduled to ensure safety and optimal results.

#### Discontinue Certain Medications:

Some medications can increase skin sensitivity to light, which may lead to an increased risk of adverse reactions during laser hair removal. Clients should inform the practitioner about all current medications, including over-the-counter and prescription drugs, to determine if any should be discontinued or adjusted before the procedure. This includes photosensitizing medications, topical retinoids, and antibiotics.

#### Avoid Waxing, Plucking, or Electrolysis:

Clients should refrain from waxing, plucking, or undergoing electrolysis in the treatment area for at least four to six weeks before the laser hair removal procedure. These hair removal methods remove the hair follicle, which is the target of the laser. The hair follicles need to be present for the laser to effectively target them.

#### Shave the Treatment Area:

On the day of the procedure or the day before, clients should shave the treatment area thoroughly. The presence of longer hair on the skin's surface can lead to discomfort during the procedure and may also reduce the laser's efficacy by absorbing excess energy.

#### **Avoid Topical Products and Cosmetics:**

Clients should avoid applying creams, lotions, deodorants, or any other topical products to the treatment area on the day of the procedure. These products may interfere with the laser's ability to target the hair follicles accurately.

## Remove Makeup and Jewelry:

If the laser hair removal is performed on the face or a specific area where makeup or jewelry is worn, clients should remove all makeup and jewelry before the procedure. This ensures a clean treatment area and prevents interference with the laser.

# Inform the Practitioner of Medical Conditions and Medications:

Clients should provide a comprehensive medical history to the practitioner, including any medical conditions, allergies, or medications they are currently taking. Certain medical conditions or medications may require additional precautions or adjustments to the laser settings.

# Pregnancy and Breastfeeding:

If the client is pregnant or breastfeeding, they should inform the practitioner before the procedure. While laser hair removal is generally considered safe during pregnancy, it is essential for the practitioner to evaluate the client's specific situation and provide appropriate advice.

# Avoid Perfumes and Fragrances:

Clients should avoid wearing perfumes or fragrances on the day of the procedure. Some fragrances can contain ingredients that may irritate the skin during or after the laser hair removal treatment.