ROSEALOE
BEAUTY BAR

Medical History Form

(Spa)

Name:

Address:

Nationality: Telephone:

Date of Birth: Email:

Treatments interested in purchasing:

Please note there are no refunds on services; please see management for questions or concerns.

MEDICAL INFORMATION

Check Yes or No for each item.

☐ Yes	☐ No	Tetracycline/Minocycline, Birth Control Pills, Hormones, Accutane or any other photosensitizing medications	☐ Yes	☐ No	Acne / Accutane / topical acne medications
☐ Yes	☐ No	Bruise easily, heart medication, anticoagulants, aspirin or Ibuprofen	☐ Yes	☐ No	Cancer - if so, what type and when
☐ Yes	☐ No	History of seizure or convulsions	☐ Yes	☐ No	Diabetes
☐ Yes	☐ No	Phenobarbital, Tegretol or medication for seizure	☐ Yes	☐ No	Waxed in the past - if so, when
☐ Yes	☐ No	Currently on any medications	☐ Yes	☐ No	Warts
☐ Yes	☐ No	Allergies, autoimmune disease, HIV, Lupus, Hepatitis	☐ Yes	☐ No	Recent sun exposure / UVR tanning bed
☐ Yes	☐ No	Bruise easily, cuts/lacerations	☐ Yes	☐ No	PCOS (Polycystic Ovarian Syndrome)
☐ Yes	☐ No	Eczema, psoriasis, rosacea, or other skin condition	☐ Yes	☐ No	Thyroid Disorder
☐ Yes	☐ No	Herpes, Cold Sores, Fever Blisters	☐ Yes	☐ No	Currently under the care of a physician
☐ Yes	☐ No	Keloids, Pigmented Scars	☐ Yes	☐ No	Laser Procedures, Chemical Peel, Microdermabrasion
☐ Yes	☐ No	Irregular pigmented moles, hairy moles or growth in the skin	☐ Yes	☐ No	Tattoos or permanent makeup on or near treatment area
☐ Yes	☐ No	Pregnancy, Breast Feeding, Menopause			

Please specify any details, medications, or conditions:

Specific areas of concern:

Client Signature **Date**

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Consent Form

(Spa)

Name:

- [ ] I understand that hair removal and laser skin rejuvenation vary widely from person to person and anatomical area to area. 70-80% of hair is estimated to be reduced after a series of treatments but there is a chance I could be a non-responder.
- [ ] I understand multiple treatments may be necessary for best results.
- [ ] I understand that with all laser or IPL treatments there is a possibility of contraindications that may cause a burn.
- [ ] I understand that there may be some temporary swelling and/or redness in the treated area.
- [ ] If treatment is performed near a tattoo, I understand that the tattoo (or permanent make up) may be damaged during the treatment.
- [ ] I acknowledge that I must reveal any condition that may have a bearing on this procedure, such as pregnancy, allergies, medications used, diabetes, immune deficiencies, seizures, history of cancer prior to receiving treatment.
- [ ] I acknowledge that there may be some slight lightening or darkening of the skin in the treatment area. This will generally go away within few weeks to months.
- [ ] I acknowledge that my skin might experience temporary tightness or redness (a mild sunburn feeling) which usually dissipates within 24 hours depending on skin sensitivity.
- [ ] I acknowledge that if I fail to use adequate sunscreen (SPF 30), I am more susceptible to sunburn and skin damage.
- [ ] I acknowledge that I should avoid use of glycolic or Retinoic acid, AHA products for 2-4 days before and after treatment.
- [ ] I will not use any hair removal creams or bleach, nor wax or thread between treatments. I can shave between treatments.
- [ ] I understand that laser follow up appointments are 4-8 weeks apart depending upon my hair growth cycle and 3-6 weeks apart for skin rejuvenation.
- [ ] I acknowledge this is a strictly elective cosmetic treatment but I must protect the treatment area from the sun 3-8 weeks prior to the procedure and 2 weeks post procedure to prevent burning and hyper and hypo-pigmentation. No medical claims expressed or implied.
- [ ] I will notify any change in medical health since my last visit.
- [ ] I will be off photosensitive drugs, such as antibiotics 2 weeks prior to my treatment.

We at Rosealoe Beauty Bar will do our utmost to ensure this is not the case; however I understand that it can occur and I release all persons or associations of any liability.

Client Signature

Date