

Client LASER consent form



Date: _____

Name _____ Date of birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ E-mail: _____

Emergency Contact: _____

- What services are you interested in ?
- Hair removal Botox Chemical Peel Body Contouring Skin tightening
- Wrinkle reduction Massage Nails Acne Treatment Age Spot removal
- Weight management Filler

How did you find us?: _____

Client Health History

Circle YES or NO

- YES NO Any Allergies? _____
- YES NO Are you currently on any mood altering or depression medication?
- YES NO Have you ever used ACUTANE? If yes when did you last use it? _____
- YES NO Are you pregnant?
- YES NO Are you breastfeeding?
- YES NO Do you have HIV?
- YES NO Do you have keloid formation or scars that haven't healed smoothly?
- YES NO Do you have cold sores? If yes, date of last breakout _____
- YES NO Do you have Hepatitis?
- YES NO Do you have a tattoo(s) in the area(s) that you want treated?
- YES NO Have you sunbathed, been in a tanning bed or spray tanned in the last 2 weeks?
- YES NO Does your skin remain discolored after healing from a cut?
- YES NO Have you taken antibiotics in the past 2 weeks?

I attest that the information regarding my medical, personal, and skin histories is accurate and true. I am aware that it is my duty to make the technician aware of any current medical or health issues I may have and to update this history as necessary. I am aware that the technician needs up-to-date medical information to carry out the proper treatment procedures.

Although they are rare, I am aware that significant issues can happen. In the treated area, common side effects include transient redness, swelling, and mild reactions that resemble sunburns. The duration of these effects can range from a few hours to up to four days. Other potential risks include infections, blisters, scabbing, hypo- or hyperpigmentation, scarring, discomfort from burns, infections, hyper- or hypopigmentation, and failure to achieve the intended result (s).

If photos are taken to document treatment progress I give my consent to their use for promotional or advertising and educational purposes without payment or consideration.

Client's Signature: _____

Date: _____

Therapist's Signature: _____

Date: _____

