

# Informed Consent for Treatment

Client Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth Age Occupation \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact Name and Phone: \_\_\_\_\_

## **YOU ARE INTERESTED IN? (Please check all that apply)**

Microdermabrasion  Needling  Vela Shape  Lumi-Lift  Laser Hair Removal  Red Light   
 Body Sculpting

## **Vela Shape & Laser Hair Reduction & Chemical Peel & Micro & Lumi-Lift & Body Sculpting**

This procedure may require more than one treatment. The total number of treatments will vary between individuals. On occasion there are patients that do not respond to treatments.

Alternative methods are waxing, shaving, electrolysis, and chemical epilation.

I understand. I understand that there may be some discoloration to skin, discomfort and reddening, blistering, scabbing, temporary bruising and temporary discoloration of the skin as well as rare side effects such as scarring or permanent discoloration. There has been no guarantee's or promises made.

I understand treatment involves a series of treatments.

### **There is a risk of scarring.**

**Short term effects may include reddening, mild burning, temporary bruising or blistering. Hyper-pigmentation** (browning) and Hypo-pigmentation (lightening) have also been noted after treatment. These conditions usually resolve within 3-6 months, but permanent color change is a rare risk. Avoiding sun exposure before and after the treatment reduces the risk of color change.

**Infection:** Although infection following treatment is unusual, bacterial, fungal and viral infections can occur. Herpes simplex virus infections around the mouth can occur following a treatment. This applies to both individuals with a past history of herpes simplex virus infections and individuals with no known history of herpes simplex virus infections in the mouth area. Should any type of skin infection occur, additional treatments or medical antibiotics may be necessary.

**Bleeding:** Pinpoint bleeding is rare but can occur following treatment procedures. Should bleeding occur, additional treatment may be necessary.

**Allergic Reactions:** In rare cases, local allergies to tape, preservatives used in cosmetics or topical preparations have been reported. Systemic reactions (which are more serious) may result from prescription medicines.

**I understand that** exposure of my eyes to light could harm my vision. I must keep the eye protection goggles on at all times.

Occasionally, unforeseen mechanical problems may occur and your appointment will need to be rescheduled. We will make every effort to notify you prior to your arrival to the office. Please be understanding if we cause you any inconvenience.

## **MEDICAL HISTORY**

Are you currently under the care of a physician?  Yes  No

If yes, for what:

Do you have any of the following medical conditions? **(Please check all that apply)**  Cancer  Diabetes  High blood pressure  Herpes  Arthritis  Frequent cold sores  HIV/AIDS  Keloid scarring  Skin disease/Skin lesions  Seizure disorder  Hepatitis  Hormone imbalance  Thyroid imbalance  Blood clotting abnormalities  Do you have any other health problems or medical conditions?

**Please list:** \_\_\_\_\_

