

LASER REPEAT TREATMENT

Client/Patient Name _____ **Date:** _____

To be completed by patient:

1. List any medications you are currently taking or have taken within the last two weeks:

2. List any new medical conditions or skin conditions diagnosed since your last treatment

3. Circle if the following conditions apply since your last visit:

- a) sun tan or extended sun exposure in the past 8 weeks
- b) been in a tanning booth or used self tanning solution in the past 8 weeks
- c) history of herpes in the site to be treated
- d) use of permanent makeup
- e) facial chemical peel in the past 2 weeks
- f) Accutane within the last 6 months

Explain all skin products used in the last two weeks, prescription or otherwise:

4. Have you had any changes in the appearance of your skin from any of the previously treated areas from laser hair removal? Yes No

Explain _____

5. **If female, I am pregnant:** No Yes

How would you like us to contact you in the future:

Phone _____ Cell _____ Email _____

I hereby renew my consent for another treatment for laser services and I agree to abide by all aftercare instructions and by my previously signed consent.

Patient Signature _____ Date _____

To be completed by clinician

Previous Laser Treatments with Adverse Reactions: Yes No

Response to Previous Treatment: _____% estimated hair loss

History of Keloid Scarring: Yes No

Active Infection or History of Herpes In the Treatment Area: Yes No

Use of Accutane within the past Six Months: Yes No

Retin A-,-Renova, etc. Chemical Peels In Past Eight Weeks: Yes No

Suntan/Tanning Bed/Self Tanning Lotion Within the past Eight Weeks: Yes No