

# Laser Hair Removal Consent form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Area(s) to be treated: \_\_\_\_\_ Are you over 18yrs? \_\_\_\_\_

## Acknowledgement

Laser hair removal procedure requires multiple treatments of 6-12 or more for best result. Due to hair growth cycle appointment intervals are booked 4-6 weeks apart. The amount of treatments will vary between individuals. Laser hair removal is only effective on dark hair (black or brown hair) the laser will not absorb white, grey, blonde, or red hair.

I hereby authorize and direct Primary Laser Skincare's laser technician to perform laser treatment(s) on me. I understand that this procedure works on growing hairs not on dormant hairs. For this reason, complete destruction of hair follicles from any one treatment is not possible and I understand that I will require several treatments to obtain a significant, long term reduction of hair growth. I also understand that some people may not experience complete hair loss even with multiple treatments.

## The following problem may occur with the laser hair removal system.

1. Short term effects may include reddening, mild burning, temporary bruising or blistering. Hyperpigmentation (browning) and Hypopigmentation (lightening) have been noted after the treatments. These conditions usually resolve within 3-6 months, but permanent color change is a rare risk. Avoiding sun exposure before and after the treatment reduced risk of color change.
2. Bleeding: Pinpoint bleeding is rare but can occur following treatment procedures.
3. Exposure of eyes to the laser light can harm your vision. You must keep the protection goggles on at all times.
4. Compliance with the aftercare guideline is crucial for the healing, prevention of scarring, and hyperpigmentation.
5. There may be a possibility of the hair returning after menopause, pregnancy or hormonal changes.
6. Speed of laser movement may vary by depending on skin pigments. i.e. on lighter skin tones laser will move at rate of 1.5 - 2.0ms and darker skin will move at rate of 1.0 - 1.5ms.
7. Failure to notify our office of cancellation within 24hrs of appointment will result in a fee of \$25 - \$75 (based on treated areas)

I, (Print Name) \_\_\_\_\_ verify that I am 18 yrs of age, and release Primary Laser Skincare from all Liabilities associated with the above indicated procedure above.

### If under 18yrs of age.

I (Print Parent/Guardian Name) \_\_\_\_\_ give Primary Laser Skincare's Technician permission to perform laser procedure on my minor child. I will be in attendance and I release Primary Laser Skincare from all Liabilities associated with the above indicated procedure above

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Medical History

Have you ever had an allergic reaction to any of the following? (Please check all that apply and describe the reaction you experienced)

- Latex       Hydrocortisone       Aloe Vera       Hydrogen peroxide

Others: (Please list) \_\_\_\_\_

## Medication:

What oral medications are you presently taking?     Birth control       Hormones       Others please list \_\_\_\_\_

Are you on any mood altering or anti-depression medication? \_\_\_\_\_

Have you ever used Accutane:  Yes or  No if yes, when was the last time you used? \_\_\_\_\_

Have you used any topical medication to lighten the skin? \_\_\_\_\_

Have you ever had laser hair removal?     Yes or  No if yes, please list area(s) \_\_\_\_\_

How many sessions? \_\_\_\_\_

Have you used any of the following hair removal methods in the past six weeks on the area(s) that is being treated?

- Waxing       depilatories       threading       tweezing       electrolysis

Have you had recent sun exposure to the area(s) to be treated?     Yes or  No

Have you recently used any self-tanning lotions, creams or foam on area(s) to be treated?     Yes or  No

Do you form thick or raise scars from cuts or burns?     Yes or  No

Do you have hyperpigmentation (darkening of the skin) or Hypopigmentation (lightening of the skin) on area(s) to be treated?     Yes or  No

If yes, please describe: \_\_\_\_\_

## Female clients:

Are you pregnant?     Yes or  No

Are you breastfeeding?     Yes or  No

**I certify that the preceding medical personal and skin history statements are true and correct. I am aware that it is my responsibility to inform the technician or doctor of my current medical or health conditions and to update this history is essential for the caregiver to execute appropriate treatment procedures.**

**Print Client Name:** \_\_\_\_\_

**Client/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Appointment & Treatment Policy

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## Consultation:

New client(s) must have a patch test prior to treatment to ensure the client does not have an allergic reaction to laser. Reaction may cause itching and redness to the skin with mild discomfort that can last up to 3 days or more. (If this occurs, please notify your technician immediately)

(Please initial which apply)

\_\_\_\_\_ I understand a patch test is required prior to laser treatments. I must wait at least 24hrs for results of test to ensure I do not have an allergic reaction to laser. If this occurs, I have the option to not go forward with future laser treatment or continue with the aftercare given by the technician.

\_\_\_\_\_ I waive the patch test and give the technician permission to start my laser treatment.

\_\_\_\_\_ I have had laser treatments done before in the past on (enter date) \_\_\_\_\_ and refuse the patch test. I give permission to start with laser treatments immediately.

## Cancellation/Rescheduling Policy:

- ❖ All appointment reminders are sent via text message and/or email. If there are any changes during the duration of your treatment please notify us promptly, failure of notification will result in forfeiture of session or a fee based on treatment area as specified below.
- ❖ I understand that there is a 24hr cancellation policy. I understand a fee of \$25 or greater based on treated area will be charged if I fail to show or do not cancel at least 24hr prior to my scheduled appointment, this includes any promotional deals.  
Area(s) to be treated \_\_\_\_\_  
(Tech please circle amount) \$25 - \$50 - \$75 \_\_\_\_\_ (Client's initial) \_\_\_\_\_ (Tech initial)
- ❖ I understand if my appointment is reschedule, cancelled or more than twice, it'll be an automatic forfeiture of 1 session or a fee of \$25 or greater will be processed. It is my responsibility to keep my appointment as directed by the technician. \_\_\_\_\_ (Client's initial) \_\_\_\_\_ (Tech initial)
- ❖ I understand fee/payment owed to PLS must be paid upon arrival prior to treatment. PLS has the rights to refuse treatment if payments are not up to date. \_\_\_\_\_ (Client's initial) \_\_\_\_\_ (Tech initial)

Print Client/Guardian name: \_\_\_\_\_

Client/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Online Promotion Policy

**All recipients of online deals must complete all 6 sessions within 1 year of purchase. Any interlude from the normal 4-6 weeks will result a forfeit of 1 session or a fee of \$25 or greater (based in the area to be treated) will be charged.**

1. Payment(s) MUST be paid upon arrival before treatment.
2. There will be no cash refund issued after treatment has begun.
3. All 6 sessions must be booked in advance any cancellation will result in a forfeiture of 1 session. Refer to Cancellation/Rescheduling Policy
4. Laser technicians have the rights to refuse treatment if you have been exposed to the sun or tanning bed on treated area(s) 4-6 weeks prior to your appointment, which can result in a forfeiture of 1 session.

Treatment intervals are based upon areas being treated, as listed below:

Face Areas: upper lip, chin, sideburns, unibrow, etc. = 4 weeks

Body Areas: underarms, full arms, legs, brazilian, bikini line, abdomen, etc. = 6 weeks

**\* Children under the age of 16yrs of age cannot be left unattended. An adult supervision must be present at all times. Please plan accordingly; our staff member cannot be any assistance of this matter. We apologize for any inconvenience.**

**\*Please note for Online Promotional Deals are limited to 1 per client. If you are an existing client any other purchase online for Primary Laser package will not be valid.**

**Print Name:**

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**Signature:**

**Date:**

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# LASER HAIR REMOVAL PRE & AFTERCARE FORM

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## Pre Treatment

- On the day of your laser treatment, you must come in shaved on the area(s) to be treated.
- **DO NOT USE** any type of moisturizer on the skin that is to be treated.
- **DO NOT WAX** or use any form of hair epilation (removing hair from follicle) 4 weeks prior to appointment.
- **Sun exposure should be avoided for at least 4-8 weeks prior to treatment.**
- **DO NOT** use tanning lotion/creams 4-8 weeks prior to treatment.

## Aftercare Treatment

- Immediately after treatment, you may notice erythema (redness) and edema (swelling) at the treatment site. This may last up to 4 hours or more. The erythema may last 2-3 days. This is normal. The treated areas may feel like sunburn for a few hours after the treatment. Applying a cool compress during the first few hours after treatment will reduce the discomfort and swelling that may be experienced.
- Aloe Vera gel may be used after treatment for additional comfort. The level of discomfort varies by person and skin pigmentation. Darker pigmented people may experience more discomfort than lighter pigmented people.
- Makeup may be used immediately after treatment, unless there is epidermal blistering. It is recommended to use new make-up to reduce the possibility of contamination/infection.
- If underarms are treated, use a powder instead of deodorant for 24 hours after the treatment to reduce skin irritation.
- **AVOID** sun exposure to reduce the chance of hyper-pigmentation (darker pigmentation). Use sunscreen (SPF 30+) at all times throughout the course of treatment and 1-2 months after treatment.
- Avoid picking, plucking or scratching the treated skin.
- **DO NOT USE** any other hair removal products (waxing, electrolysis, tweezing, and epilation) that will disturb the hair follicle on the treatment area. Hair **MUST** be in follicle for laser hair removal to be effective.
- **ONLY SHAVE WITH A RAZOR or Buzzer** in between appointment intervals.
- **HAIR SHEDDING** of the surface may occur and this may appear as new hair growth but it is **NOT!** It will fall out naturally. You can clean and remove the hair by washing the area with a wet cloth or loofa sponge.

**NOTE: LACK OF PERMANENT RESULTS:** Treatments may vary among patients. (6, 12 or more treatments depending on clients hair density). For some this may mean a significant decrease in the frequency with which you must shave. For others it may mean permanent cosmetic improvement because re-growth is minimal, very fine or completely absent. **EVERYONE WILL EXPERIENCE SOME HAIR RE-GROWTH** overtime, regardless of the technologies used. Hair that grows back will tend to be finer, lighter and less dense.

**REMEMBER:** To achieve the desired results; the specified numbers of treatments must be adhered to. Skipping treatments, even when it appears you have achieved the results, will result in a less than adequate outcome.

By my signature below, I certify that I have read and fully understand that the contents of this permit for Laser Hair Removal and that the disclosure referred to herein were made to me.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Client/Guardian)