

LASER LOUNGE

Laser Hair Removal & Skin Rejuvenation

401-588-4330

www.thelaserloungeri.com

Laser Hair Removal Pre/Post treatment care

Pre-Treatment Instructions

- ❖ Avoid deep tanning. Including tanning beds, spray tanning and tanning creams 3-4 weeks before and 1 week after treatment. If you must go in the sun use a sunscreen of SPF 25 or higher.
- ❖ Please shave the hair you wish to be treated down to the skin before treatment. There is a \$20 charge after the 1st treatment if an area hasn't been appropriately shaved.
- ❖ It is recommended that you stop bleaching hair 2-3 days before your procedure.
- ❖ It is best that you refrain from tweezing, threading, and/or waxing immediately. Shaving or trimming is better.
- ❖ If throughout the course of your treatment you need to take any photosensitizing medications and/or antibiotics, we will not be able to treat you within 10 days of your last dose.

Post-Treatment Instructions

- ❖ Immediately after the treatment there should be redness and bumps at the treatment site, which may last up to 2 hours or longer. It is normal for the treated area to feel like sunburn for a few hours. You should use a cold compress if needed.
- ❖ Makeup may be used after the treatment just make sure that you have moisturizer on under your makeup. In fact, moisturizer will help the dead hair exfoliate from the follicle so use moisturizer frequently and freely on the treated area. Moisturizer without alpha hydroxyl-acids will work best.
- ❖ Avoid direct sun exposure and tanning beds for 3-4 weeks before and 5 days after a session throughout the course of treatment to reduce the chance of dark or light spots. Use sunscreen SPF 25 or higher when going outside.
- ❖ Do not use any other hair removal methods or products (tweezing, waxing, threading and depilatories) on the treated area except for shaving or trimming during the course of your laser treatments as it will prevent you from achieving your best results. Also avoid bleaching or chemical peels during the course of treatment. Do not use any irritants such as Retin-A Benzoyl Peroxide or Astringents.
- ❖ Anywhere from 2-14 days after the treatment shedding of the hair may occur and this may appear as new hair growth. This is not new hair growth but dead hair pushing its way out of the follicle. You can help the hairs exfoliate by washing with a washcloth or loofa sponge.
- ❖ Do Not shave the area for a minimum of 3 days post treatment.
- ❖ NO swimming in hot tubs, pools or the ocean for at least 1-2 days because your pores are open during this time.

Client Information & Medical History

In order to provide you with the most appropriate laser & treatment, we need you to complete the following questionnaire. All information is strictly confidential.

PERSONAL HISTORY:

Client Name _____ Today's Date _____

Date of Birth _____ Age: _____ Occupation: _____

Home Address _____ City _____ State _____ Zip Code _____

Cell/Home Phone _____ Email: _____

Emergency contact Name and phone _____

How did you hear about The Laser Lounge? _____

Do you use UV or spray salons or sunbathe? _____ If yes how often? _____

MEDICAL HISTORY:

Are you currently under the care of a physician for a specific condition? _____ Yes _____ No

If yes, for what: _____

Are you currently under care of a dermatologist for skin or hair condition? _____ Yes _____ No

If yes, what for: _____

Do you have a history of erythema or edema which is persistent skin rash produced by prolonged or repeated exposure to moderately intense heat or infrared irritation? _____ Yes _____ No

Do you have any of the following medical conditions? (Please check all that apply)

_____ Cancer _____ Diabetes _____ High blood pressure _____ Herpes _____ Arthritis

_____ Frequent cold sores _____ IV/AIDS _____ Seizure disorder _____ Hepatitis

_____ Hormone imbalance _____ Thyroid imbalance _____ Keloid scarring

_____ Skin disease/Skin lesions _____ Blood clotting abnormalities _____ Any active infection _____

Do you have any other health problems or medical conditions Please list: _____

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

Others: _____

MEDICATIONS:

What oral medications are you presently taking? _____ Birth control pills _____ Hormone _____ Others (Please list): _____

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

Have you ever used Accutane _____ Yes _____ No, if yes, when did you last use it? _____

What topical medications or creams are you currently using? _____ Retin-A _____ Others (please list) _____

List any supplement you are currently taking? _____ Biotin _____ Prenatal _____ Others (please list) _____

Are you on antibiotics, or photosensitizing medications? _____ Yes _____ No, If yes, when did you take it last? _____

HISTORY:

Have you ever had laser hair removal? _____ Yes _____ NO

Have you used any of the following hair removal methods in the past two weeks on the areas being treated? _____ Shaving _____ Waxing _____ Threading _____ Electrolysis _____ Nair _____ Tweezing

Have you had any recent tanning or sun exposure that changed the color of your skin? _____ Yes _____ No

Have you recently used self-tanning lotions or treatment? _____ Yes _____ No

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

Do you have Hyperpigmentation (darkening of the skin) or Hypopigmentation (lightening of the skin) or marks after physical trauma? _____ Yes _____ No if yes, please describe: _____

For our female clients:

Are you pregnant or trying to become pregnant? _____ Yes _____ No Are you breastfeeding? _____ Yes _____ 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 of my current medical or health conditions and to update this history. A current medical history is essential for the caregiver to execute appropriate treatment procedures.

Signature: _____ *Date:* _____

The Laser Lounge

Consent For Laser Hair Removal:

I _____ (patient's name), authorize the technicians at

The Laser Lounge Inc. to perform Laser Hair Reduction treatment(s) on me. There are several alternatives to laser hair removal including but not limited to electrolysis, shaving, waxing, and tweezing or no treatment at all.

I understand that serious complications are rare but possible. Common side effects include temporary redness, swelling and mild "sunburn" like effects that may last a few hours to 3-4 days or longer on the treated area. Other potential risks include itching, Pain, Bruising, Burns, infection, scabbing, blistering, Hypopigmentation, Hyperpigmentation, scarring and failure to achieve the desired result(s). Initial _____

I understand that a single procedure will most likely fail to completely remove all my unwanted hair on the treated area. Multiple treatments are required. Individual response will vary according to skin types, hair color, degree of tanning, follow up care, and the body area being treated.

I understand that treatment can be painful, but this is typically managed without any pain relief medication. Discomfort generated by that laser pulse is most commonly described as a rubber band snapping against the skin. Topical anesthetics are available to decrease any perceived discomfort. Color changes, such as hyperpigmentation (brown/red discoloration) or hypopigmentation (skin lightening), may occur in the treated skin. This may take several months to resolve, if at all. Unprotected sun exposure in the weeks following treatments is contraindicated as it may cause or worsen this condition. Blistering of the skin may occur. Scarring happens but is uncommon.

Lasers can cause eye injury and protective eyewear must be worn during treatment. I understand that sun or tanning lamp exposure and not adhering to the post-care instructions provided to me may increase my chances of complications.

I understand that no refunds will be given for treatments or for packages paid in advance. All laser packages are per person and cannot be shared/transferred to someone else. Initial _____

No Call/No Show appointments will be charged a \$40.00 fee, And/Or the treatment areas scheduled for that missed appointment will be deducted or removed from that package. Initial _____

Patient Signature

Date