

Skin Rejuvenation Client Questionnaire

Name: _____ Birthdate: _____ / _____ / _____
Mo Day Yr

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Email: _____

How did you hear about us? _____

This information is necessary for your procedure. Please answer yes or no to the following questions:

Yes No

Are you using any prescribed medications? List

Are you using any herbal medications? List _____

Do you take oral anti-coagulant (blood thinning) medications? List _____

Are you allergic to any medications? List _____

Have you ever had an allergic reaction to latex, Lidocaine, Aloe?

Are you pregnant or trying to become pregnant? _____

Do you use hormone replacement therapy? _____

Do you smoke? How much? _____ How Long? _____

Do you spend a lot of time outdoors or use a tanning bed often?

Do you have any tattoos or permanent makeup?

Are you using any topical creams, lotions or oral antibiotics for acne, skin cancer, anti-aging or hyperpigmentation? Please list _____

Have you ever had any of the following wrinkle fillers or implants:

- Collagen Juvaderm Restylane Perlane Hylaform
 Silicone Radiance
 Other:

*If so then when was it done _____ What Area _____

Please check any health problems past or present:

- Seizures Liver disease Skin cancer Hormonal Problems Diabetes Cystic Acne
 High Blood Pressure Heart Problems Collagen (Lupus, Sarcoid, Scleroderma)
 Other

Do you have any of the following chronic skin disorders?

- Psoriasis Dermatitis Eczema Keloid Scarring Fever Blisters Cold Sores
 Sun Blisters Herpes Simplex/Blisters

Have you ever had any of the following treatments in the past month? Yes No

- Microdermabrasion Acid Peel Cosmetic Surgery Accutane

Have you had sun exposure or spray tan in the past month? Yes No

Signature _____ **Date** _____

The Laser Lounge

Consent For Skin Tightening:

I _____ (patient's name), authorize the technicians at The Laser Lounge Inc. to perform Skin Tightening treatment(s) on me.

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 I will need multiple treatments to achieve my desired results. Individual response will vary according to skin types, 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. 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



Laser Skin Tightening

Pretreatment instructions:

- Please reveal any medical conditions that may be significant to the laser procedure-such as pregnancy, cold sores, and fever blisters tendencies, any types of allergies, recent facial peels or surgery, or any type of medication such as Accutane, antibiotics or topicals.
- Do not use self-tanning lotions or tanning booths 4 weeks prior to your laser treatment. Do not sunbathe 3-4 weeks prior to your appointment. Any clients arriving with a tan or sunburn will be rescheduled due to the sensitivity of the procedure to altered skin color.
- Do not use skin care products such as Retin-A or any face cream supplements that contains hydroquinone or Glyquin for 1 week prior to treatment.
- You must refrain from any other procedures 2 weeks prior to treatment such as Botox, injectables, chemical peels or any ablative treatments.
- Before our skin tiny procedure facial hair should be shaved as close to treatment time as possible.
- Please avoid caffeine the day of your treatment and drink plenty of water daily to keep your skin hydrated

Post Treatment Instructions:

- You may have mild swelling for 1-3 days after your treatment. Please apply an icepack to the irritated area for 1-2 days in approximately 15 minute sessions 3-4 times per day.
- Redness for 2-3 days is common. You may apply hydrocortisone cream/Aquaphor or post laser procedure Gel 3-4 times per day to reduce this for no longer than 1 day. Makeup can be applied if necessary.
- Refrain from applying any creams or liquids to your skin before first consulting with your laser technician for the first 90 minutes after your treatment.
- Keep the skin hydrated and use only lukewarm water with gentle cleansers and moisturizers for 3 days.
- Void prolonged sun exposure for use of tanning beds for 2 weeks after treatment. Use minimum of SPF 30 to protect your skin after your treatment and in between your sessions

*Laser Skin Tightening typically requires 4-6 treatments and are done once every 2 months