

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 Pigmented Lesion:

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

The Laser Lounge Inc. to perform Laser Pigmentation Removal 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, scarring and failure to achieve my desired result(s). Initial _____

I understand that I may 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 Treatment for Pigmented Lesion instructions

Pre-Treatment Instructions

1. **RECENTLY TANNED SKING CANNOT BE TREATED!** If treated withing 4 weeks of active (natural sunlight or tanning booth) tanning, you may develop hypopigmentation (white spots) and this may not clear for 2-3 months or more.
2. Do not apply skin care products the morning of treatment
3. If you have had a history of peri-oral herpes simplex virus, we may recommend an antiviral medication if we are treating that area.
4. **The use of self-tanning skin care products must be discontinued 2 weeks before treatment. Any residual self-tanner must be removed prior to treatment.**

Post-Treatment Instructions

1. Immediately after treatment, there should be erythema (redness) and edema (swelling) at the treatment site, which may last up to 2 hours or longer. The erythema may last up to 2-3 days. The treated area will feel like a sunburn for a few hours after treatment.
2. A healing ointment such as Aquaphor is recommended at least 2x daily following treatment.
3. Cool, moist washcloths can be applied to the area for 24 hours after treatment.
4. **Avoid sun exposure** to reduce the chance of hyperpigmentation (darker pigmentation).
5. Use sunblock (SPF30+) at all times throughout the course of treatment.
6. **The treated pigment will appear darker immediately and within the first few days following treatment. The darkened pigment will flake off like dry skin withing 7-10 days. Avoid picking or scratching the treated skin.**
7. There are no restrictions on bathing except to treat the skin gently, as if you had a sunburn, for the first 24 hours.

If you have any questions please text/call the office at 401-588-4330