



# Polaris Laser & Medi Spa

## PATIENT INFORMATION

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

Patient Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Leave Msg: YES NO

Date of Birth: \_\_\_\_\_ Marital Status: Single Married Divorced Widowed

Email Address: \_\_\_\_\_ Email promotions? YES or NO

Primary Care Physician: \_\_\_\_\_ PH: \_\_\_\_\_

Employer: \_\_\_\_\_ PH: \_\_\_\_\_

How did you hear about us?

RADIO INTERNET FRIEND OTHER: \_\_\_\_\_

Reason for Visit: HAIR REMOVAL BOTOX JUVEDERM MICRODERMABRASION

Areas you wish to have treated: LEGS UNDERARMS BIKINI BRAZILIAN CHIN

UPPERLIP BACK SHOULDERS CHEST ARMS FACE STOMACH

### Medical History Information

Please list all Allergies:

\_\_\_\_\_

Reactions to Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Skin Care: \_\_\_\_\_ Concerns: \_\_\_\_\_

Accutane : \_\_\_\_\_ ASA: \_\_\_\_\_ Vitamin E: \_\_\_\_\_ Smoker: \_\_\_\_\_ Alcohol: \_\_\_\_\_

SunExposure: \_\_\_\_\_ Sunless Tanning: \_\_\_\_\_

Tanning Bed: \_\_\_\_\_ Do you use sunscreen: \_\_\_\_\_

Do you have permanent makeup or tattoos: \_\_\_\_\_

For Women: Date of last menstrual Cycle: \_\_\_\_\_ Are your periods regular: YES or NO

Pregnant or Possibility of being pregnant: \_\_\_\_\_ Pre-Medication: \_\_\_\_\_

## Medical History Continued

Have you had in the past or currently have the following:

<input type="checkbox"/> Diabetes	<input type="checkbox"/> HPV	<input type="checkbox"/> Fainting Spells
<input type="checkbox"/> Hypertension	<input type="checkbox"/> HIV	<input type="checkbox"/> Asthma
<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> AIDS	<input type="checkbox"/> Lupus / Auto Immune
<input type="checkbox"/> Polycystic Ovary Disease	<input type="checkbox"/> Herpes Simplex Virus	<input type="checkbox"/> Rosacea
<input type="checkbox"/> Irregular Heart Beat	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Thyroid Disease
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Genital Warts	<input type="checkbox"/> Keloid Scarring
<input type="checkbox"/> Stroke	<input type="checkbox"/> STD	<input type="checkbox"/> Cancer

Please list ALL Surgeries, and/or Implants:

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## Genetic Disposition

<p><b>Your eye color is:</b> _____</p> <p>Light blue, light gray, or light green = 0          Blue, gray or green = 1          Hazel or light brown = 2          Dark brown = 3          Brownish black = 4</p>	<p><b>Your natural hair color is:</b>          _____</p> <p>Red or light blonde = 0          Blonde = 1          Dark blonde or light brown = 2          Dark brown = 3          Black = 4</p>	<p><b>Your natural skin color (before sun exposure) is:</b></p> <p>Ivory white = 0          Fair or pale = 1          Fair to beige, with golden undertone = 2          Olive or light brown = 3          Dark brown or black = 4 _____</p>
<p><b>How many freckles do you have on unexposed areas of your skin?</b></p> <p>Many = 0          Several = 1          A few = 2          Very few = 3          None = 4 _____</p>	<p><b>How does your skin respond to the sun?</b></p> <p>Always burns, blisters and peels = 0          Often burns, blisters and peels = 1          Burns moderately = 2          Burns rarely, if at all = 3          Never burns = 4</p>	<p><b>Does your skin tan?</b></p> <p>Never -- I always burn = 0          Seldom = 1          Sometimes = 2          Often = 3          Always = 4 _____</p>
<p><b>How deeply do you tan?</b></p> <p>Not at all or very little = 0          Lightly = 1          Moderately = 2          Deeply = 3          My skin is naturally dark = 4 _____</p>	<p><b>How sensitive is your face to the sun?</b></p> <p>Very sensitive = 0 Sensitive = 1          Normal = 2 Resistant = 3          Very resistant/Never had a problem = 4          _____</p>	<p>Add up your genetic disposition and sun exposure totals to find your Fitzpatrick Skin Type:</p> <p>Score: _____</p>



*Polaris Laser & Medi Spa*

I hereby authorize and direct Polaris Laser & Medi Spa’s medical professional to perform IPL hair removal treatments on me. I understand that this procedure works on the growing hairs and not on dormant hairs. I understand that complete destruction of all hair follicles from any one treatment is not possible. **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 points have been discussed with me and I have had the opportunity to ask questions:

- The potential benefits of the proposed procedure
- The possible alternative to this procedure
- The probability of success
- The reasonably anticipated consequences if the treatment is not performed.
- The most likely possible complications/risks involved with the proposed treatment and subsequent healing period, including, but not limited to infection, scarring, crusting, re-growth of hair, or blistering.
- Pre and Post treatment instructions

**I am aware of the following possible experiences/risks that can result from IPL Treatment:**

**DISCOMFORT:** Some discomfort may be experienced during your IPL hair removal treatment.

**BRUISING/SWELLING/INFECTION:** Occasionally, bruising of the treated area may occur. Additionally there may be some swelling, or rarely an infection of the skin at site of the treated area may occur.

**SKIN PIGMENT CHANGES:** During the healing process, there is a slight possibility that the treated area can become either lighter or darker in color compared to the surrounding skin. This is usually temporary but rarely may be permanent.

**WOUND HEALING:** IPL Hair Removal Treatment can result in swelling, blistering, crusting or flaking of the treated areas, which may require 1-3 weeks to heal. Once the surface has healed, it may be pink or sensitive to the sun for several months or longer in some patients. This is more likely to happen in patients taking medications causing photosensitivity or in patients with dark skin.

**SCARRING:** Scarring is a rare occurrence, but it is a possibility when the skin's surface is disrupted. To minimize the risk of scarring, it is important to follow all post-treatment instructions carefully.

**EYE EXPOSURE:** Protective eyewear (colored shields) will be provided for wear during the IPL treatment. It is **MANDATORY** that the shields be worn at all times during the treatment. Failure to do so could result in accidental exposure to the eye that could cause vision damage.

**LACK OF PERMANENT RESULTS:** Treatments may vary among patients. For some this may mean a significant decrease in the frequency with which you must shave or tweeze. For others it may mean permanent cosmetic improvement because hair re-growth is minimal, very fine or completely absent.

**EVERYONE WILL EXPERIENCE SOME HAIR RE-GROWTH** over time, regardless of the technology used. Hair that grows back will tend to be finer, lighter and less dense.

**ACKNOWLEDGEMENT**

**I understand and acknowledge that payments for the above named procedure(s) are non-refundable. All Sales are**

**Final unless skin test results indicate client is not a candidate for IPL hair removal.**\_\_\_\_\_

**Patients who “No-Show” to their appointment will be charged a \$25.00 fee.** \_\_\_\_\_

**Patients who cancel their appointment without a 24-HR notice will be charged a \$25.00 cancellation fee**\_\_\_\_\_

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

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



## *Polaris Laser & Medi Spa*

### **PRE -TREATMENT INFORMATION/INSTRUCTIONS**

#### ***Pre Treatment Precautions***

It is important that the area being treated ***not be exposed to the sun***. A broad- spectrum (UVA/UVB) sunscreen of 30 SPF or higher should be applied whenever area to be treated is exposed to the sun. This practice should continue between treatments and following your last treatment for at least 6 weeks. Hyper-pigmentation, or hypo-pigmentation can result if treated area is exposed to the sun without sunscreen.

**DO NOT** use **Retin-A or Renova** one week prior to laser treatment. **DO NOT** take Accutane for six months prior to IPL hair removal treatment.

**DO NOT** pluck, tweeze, thread, wax or use depilatory agents for three weeks prior to treatment.

The area **should be** shaved 24-48 hours prior to treatment. Stubble is needed to visualize area. If the area being treated has a heavy hair growth, you should shave just prior to coming for treatment.

**DO NOT** wear ***make-up, deodorant, perfumes or powder*** on the areas to be treated.

Plan to avoid tight elastic at the leg opening, following bikini treatments, for 3-5 days.

If you have a history of oral herpes (**fever blisters**) and are having your mouth area treated, you will need to have your physician prescribe suppressive therapy and take as directed.

We will not perform your IPL hair removal treatment if you have a suntan, sunburn, or have used self-tanning cream because of the likelihood of hyper-pigmentation or hypo-pigmentation.

Remember To achieve the desired results; the specified number 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. **Please DO NOT bring children to your appointment or you will be asked to reschedule.**

Initials\_\_\_\_\_



## *Polaris Laser & Medi Spa*

### **POST –TREATMENT INFORMATION/INSTRUCTIONS**

#### ***Post Treatment Precautions***

- Treat the area delicately. Do not rub, scratch or pick the treated area.
- If the treated area becomes tender or shows signs of infection such as pus, tenderness, or if you develop a fever, contact the technician who performed the treatment at 614-468-0282.
- Avoid swimming, sports, and strenuous exercise for two to three days following treatment.
- Do not shave the area if crusting or blistering occurs.
- Do not use hot water on treated areas immediately following treatments.

#### ***Care of the Treated Area:***

- Apply a light coat of antibacterial ointment such as Neosporin or Polysporin, to the treated area as often as necessary to keep the area moist.
- Keep the treated area clean.
- Discomfort, such as swelling or redness can be relieved with Tylenol or by applying ice.
- It is best not to use make-up for three days on the treated area. If make-up is a must, you should apply and remove it very delicately. Excessive rubbing can cause trauma to the area and may increase the chance of scarring or hyper-pigmentation.
- Treated hair will exfoliate or push out in approximately two to three weeks (sometimes sooner), and may appear darker and thicker before falling out.
- Do not shave for a minimum of 3 days post treatment.
- Do not occlude the underarm with deodorant for three days. Use a light powder instead.
- When showering always gently rinse with cool or tepid water and gently pat the area dry. *Do not rub.*

**Remember To achieve the desired results; the specified number 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.** Should you have any questions or concerns please call Polaris Laser & Medi Spa at 614-468-0282.

Initials: \_\_\_\_\_