

# Laser Hair Removal

## Client Service History Form



Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Referred By: \_\_\_\_\_

Are you pregnant? **(Circle)** YES NO

What medications are you taking? (including Aspirin) \_\_\_\_\_

Daily consumptions of alcohol \_\_\_\_\_

Allergies \_\_\_\_\_

Are you taking any herbal preparations? **(Circle)** YES NO

If yes, list \_\_\_\_\_

When was your last chemical peel, laser, microdermabrasion, or skin resurfacing treatment?

What treatment did you have? \_\_\_\_\_

Any metal on the body? Where? \_\_\_\_\_

When were you last exposed to the sun (including tanning booth)? \_\_\_\_\_

Do you use chemical sun tanning lotions? **(Circle)** YES NO

Are you planning a holiday in the sun? **(Circle)** YES NO

Do you wear contact lenses? **(Circle)** YES NO

If you are having a laser treatment, when was the last time you bleached those hairs?

\_\_\_\_\_

### Have you ever had the following?

YES	NO	Current or history of cancer, especially malignant melanoma or recurrent non-melanoma skin cancer, or precancerous lesions such as multiple dysplastic nevi.
YES	NO	Any active infection
YES	NO	Diseases which may be stimulated by light at 515 nm to 1200 nm, such as history of recurrent Herpes Simplex, Systemic Lupus Erythematosus, or Porphyria.
YES	NO	Use of photosensitive medication and/or herbs that may cause sensitivity to 515 - 1200 nm light exposure, such as Isotretinoin, tetracycline, or St. John's Wort.
YES	NO	Immunosuppressive diseases, including AIDS and HIV infection, or use of Immunosuppressive medications.
YES	NO	Patient history of Hormonal or endocrine disorders, such as polycystic ovary syndrome or diabetes, unless under control.
YES	NO	History of bleeding coagulopathies, or use of anticoagulants.
YES	NO	History of keloid scarring
YES	NO	Exposure to sun or artificial tanning during the 3-4 weeks prior to treatment.

### **Please read and Initial all lines**

\_\_\_\_\_ I understand that the Soprano is a device used for laser hair removal and that clinical results may vary in different skin types and hair types. I understand there is a possibility of short-term effects such as reddening, blistering, scabbing, temporary bruising and temporary discoloration of the skin, as well as rare side effects such as scarring and permanent discoloration. These effects have been fully explained to me.

\_\_\_\_\_ I understand that clinical results may vary depending on individual factors, including medical history, skin and hair type, patient compliance with pre/post treatment instructions, and individual response to treatment.

\_\_\_\_\_ I understand that epilation with the Soprano system is a safe alternative to methods used for removing unwanted hair, such as shaving, waxing, chemical epilation and electrolysis.

\_\_\_\_\_ I understand that treatment by the Soprano hair removal system involves a series of treatments and the fee structure has been fully explained to me.

\_\_\_\_\_ I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible complications, and I understand that no guarantee can be given as to the final result obtained. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so.

\_\_\_\_\_ I confirm that I am not pregnant or breastfeeding at this time, and that I have not taken Accutane within the last 6 months. I do not have a pacemaker or internal defibrillator.

**Any Other conditions we should be aware of?** \_\_\_\_\_

**If I experience any pain or discomfort during the session, I will immediately inform *Bhumika Salon and Spa* Employees so that the products and/or techniques may be adjusted to my level of comfort. I affirm that I have stated all known medical conditions, and answered all questions honestly and agree to keep *Bhumika Salon and Spa* updated as to many changes in my medical profile during the session and understand that there shall be no liability on *Bhumika Salon and Spa's* part should I fail to do so and that no guarantees about the results have been made. I agree not to hold *Bhumika Salon and Spa* liable for any personal or bodily injury of any kind including burns, allergic reactions or illness that I may sustain as a result from undergoing treatment. I hereby waive the rights I may have or acquired to make any claims against *Bhumika Salon and Spa* or their employees.**

**Treatment Sites:** \_\_\_\_\_

**Please read and sign below**

I duly authorized       **Bhumika**       to perform the Soprano XL Hair Removal procedure and any other measures which in their opinion may be necessary.

I consent to the taking of photographs and authorize their anonymous use for the purposes of medical audit, education and promotion.

I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form.

Client signature: \_\_\_\_\_

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

Witness Name: \_\_\_\_\_

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

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

**SOPRANO XL LASER LOG** (Technician use only)

Fitzpatrick Skin Type:    **I**        **II**        **III**        **IV**        **V**        **VI**

**Laser:**

Soprano XL SHR \_\_\_\_\_ Soprano XLi HR \_\_\_\_\_

**Soprano XL SHR Settings:**

Joules: \_\_\_\_\_ KJ: \_\_\_\_\_ Hz: 10Hz

**Soprano XL HR Settings:**

Pulse Type: \_\_\_\_\_ Joules: \_\_\_\_\_ Hz: \_\_\_\_\_

**Clear Tite (NIR) Settings:**

Watts: \_\_\_\_\_ KJ: \_\_\_\_\_

**Notes:** \_\_\_\_\_

**# of Sessions Paid for:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_ **Area:** \_\_\_\_\_

**VISIT DATE LOG:**

1 -	2 -	3 -
4 -	5 -	6 -

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