



MEDICAL HISTORY FORM

Last Name: _____

First Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Date of Birth: ____/____/____

Email Address: _____

Sex: Female Male

Telephone: Home: _____

Work: _____

Cell: _____

Family Doctor: _____ Number: _____

Pharmacy: _____ Number: _____

Emergency Contact: _____ Number: _____

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS.

1. Do you have ANY current or chronic medical illness we should know about? YES NO
 Please List: _____

2. Are you currently under a doctor's care? If so, for what reason? YES NO

3. Do you take/use ANY medication, herbal or natural supplements on a regular or daily basis? YES NO
 Please List: _____

4. Do you have ANY allergies to medications, foods, latex or other substances? YES NO
 Please List: _____

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|--|-----|----|
| 5. (For women) are you or could you be pregnant? | YES | NO |
| 6. (For women) are menstrual periods regular? | YES | NO |
| 7. Do you have a history of herpes I or II in the area to be treated? | YES | NO |
| 8. Do you have a history of keloid scarring? | YES | NO |
| 9. Have you taken Accutane or anticoagulants in the last 6 months? | YES | NO |
| 10. Do you have any permanent make-up, implants or tattoos?
If so, please list locations: | YES | NO |

- | | | |
|---|-----|----|
| 11. Have you had any unprotected sun exposure, used tanning creams or tanning beds in the last 4-6 weeks? | YES | NO |
|---|-----|----|

12. Which body area/areas or condition would you like treated?

PRINT NAME: _____

CONSENT FOR PULSED LIGHT / LASER TREATMENT

I authorize _____ to perform laser/pulsed light cosmetic dermatology treatment on me, including but not limited to deep tissue heating, hair removal, treatment of pigmented lesions, acne, and/or wrinkles or tattoo removal. I understand that the procedure is purely elective, that the may vary with each individual, and multiple treatments may be necessary.

I understand that:

- Serious complications are rare but possible.
- Common side effects include temporary redness and mild “sunburn” like effects that may last a few hours to 3-4 days or longer.
- Pigment changes, including hypopigmentation (lightening of the skin) or hyper pigmentation (darkening of the skin) lasting 1-6 months or longer may occur.
- Freckles may temporarily or permanently disappear in treated areas.
- Other potential risks include crusting, itching, pain, bruising, burns, infection, scabbing, scarring, swelling, and failure to achieve the desired result.
- Laser/intense pulsed light 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 chance of complications.

I consent to photographs being taken to evaluate treatment effectiveness, for medical education, training, professional publications or sales purposes. No photographs revealing my identity will be used without my written consent. If my identity is not revealed, these photographs may be used and displayed publicly without my permission.

Before and after treatment instructions have been discussed with me. The procedure as well as potential benefits and risks have been explained to my satisfaction. I have had all my questions answered. **I freely consent to the proposed treatment.**

Patient’s Signature: _____

Date: _____

Print Name: _____

Doctors Signature: _____ **Date:** _____

Print Name: _____

POST-TREATMENT INSTRUCTIONS

General /Skin Tightening

- A mild sunburn-like sensation is expected. This usually lasts 2-24 hours but can persist up to 72 hours. Mild swelling and/or redness may accompany this, but it usually resolved in 2-3 days.
- Apply ice or gel packs to the treatment area for 10-15 minutes every hour for the next four hours, as needed. An oral, non-steroidal anti-inflammatory, such as acetaminophen may be taken to reduce discomfort. Use according to manufacturers' recommendation.
- In some cases, prolonged redness or blistering may occur. An antibiotic ointment may be applied to the affected areas twice a day until healed.
- Bathe or shower as usual. Treated areas may be temperature-sensitive. Cool showers or baths will offer relief. Avoid aggressive scrubbing and use of exfoliants, scrubs brushes and loofa sponges until the treatment area has returned to its pre-treatment condition.
- Until redness has completely resolved, **avoid** all of the following:
 - Applying cosmetics
 - Swimming, especially in pools with chemicals, such as chlorine.
 - Hot tubs and Jacuzzis
 - Activities that cause excessive perspiration
 - Sun exposure to treated areas. Apply an SPF-30 or greater sunscreen to prevent development of new pigmented lesions

FOR HAIR REMOVAL

- Appearance of hair growth or stubble will continue for 7-30 days post-treatment. This is not new hair growth, but the treated hair being expelled from the skin.
- In clients with facial hirsutism who have been diagnosed with polycystic ovarian syndrome and presenting ovarian hyperandrogenism, there is a risk of paradoxical effect resulting from the activation of dormant hair follicles in untreated areas close to hirsute-treated areas.

FOR PIGMENTED LESION TREATMENT

- The lesion may initially look raised and/or darker with a reddened perimeter.
- The lesion will gradually turn darker over the next 24-48 hours. It may turn dark brown or even black.
- The lesion will progress to scabs/crusting and will start flaking off in 7-14 days. Do not pick, scratch or remove scabs.
- The lesion is usually healed in 21-30 days. It will continue to fade over the next 6-8 weeks.

FOR ACNE TREATMENT

- There may be an initial flare-up of acne, similar to the kind seen after a peel procedure or the beginning of a new topical or oral acne medication.
- Some of the blemishes may form scabs. Do not pick, scratch or remove scabs.
- The acne blemishes will fade after about 2-3 weeks.
- A 40% reduction in the number of lesions and the prevention of new lesion formation can be expected following the treatment course.

FOR VASCULAR LESION TREATMENT

- The vessels may undergo immediate graying or blanching, or they may exhibit a slight purple or red coloring. The vessels will fully or partially fade in about 10-14 days. Do not pick, scratch or remove scabs.
- Repeat treatments may be performed every 7-10 days if skin has fully recovered.