



DOLCE VITA
SALON & SPA

Laser Hair Removal Consultation

Personal Information

Name: _____ Home Phone: _____

Address _____ Work/Cell Phone: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Referred by: _____ Sex: F M

Email: _____

Medical History

Bleeding disorder, bruise easily: _____ Endocrine / hormone issues: _____

Pigmentation disorder: _____ Pacemaker / defibrillator: _____

History of cold sores: _____ Accutane within 6 months: _____

History of keloid scarring: _____ History of skin cancer: _____

Dermatological conditions: _____ Photoallergic: _____

List any medications taken: _____

Medical conditions: _____

List any allergies: _____

Contraindications:

- Pacemaker or internal defibrillator
- Accutane taken in last 6 months
- History of keloid scarring
- Any abnormal or undiagnosed pigmentation should be avoided
- Atypical moles or malignancy
- Non-intact skin (ie. sores, psoriasis, eczema, infection, rash) should be avoided
- Recent chemical or mechanical peeling in treatment area (within 2 weeks)
- Laser resurfacing in treatment area within 3 months
- Any medical condition involving impairment of skin structure, esp healing patterns
- Poorly controlled diabetes
- Pregnancy

Precautions: (treat with caution if patient has any of following risk factors)

- Medications that may cause photosensitivity to light 650-950 nm
- Healing impaired
- History of skin cancer in treatment area, family history of melanoma

Skin Type Assessment

Fitzpatrick Skin type I II III IV V VI Ethnicity _____

Last exposed to UV (sun or tanning bed) _____

Passive tan? _____ Self-Tanning lotion? _____

Epilation History

Electrolysis _____ Laser _____ Waxing _____

Threading _____ Plucking _____ Other _____

*You must wait 6 weeks following any of the above epilation methods before commencing laser hair removal treatment.

Hair Assessment

Areas to be treated _____

Hair density: Sparse / Medium / Dense Hair thickness: Fine / Medium / Coarse

Hair color _____ Hair density _____ / cm²

*Baseline photos and/or photo documentation is recommended.

Possible Side Effects:

- Temporary mild discomfort from treatment
- Temporary swelling, redness in treatment area
- Superficial scabbing, crusting or blistering
- Transient or permanent dyschromia following epidermal injury

Treatment Schedule:

<u>Area</u>	<u>First 3 treatments</u>	<u>Subsequent treatments</u>
Face / Neck	Every 6 weeks	when growth reappears
Body	Every 8 weeks	(usually 3-4 months for most areas)

Average number of treatments for satisfactory clearance: 4-6

*the above data is a statistical average. Some patients may require less than average or more than average number of treatments to achieve satisfactory clearance. Response to treatment varies depending on medical factors, and skin and hair types. There is also a small percentage of idiopathic non-responders.

*poor target hair such as light or fine hair typically takes twice the number of treatments than pigmented hair for similar clearance.

Informed Consent
Soprano Laser Hair Removal

Patient's Name: _____

Treatment Sites: _____

I duly authorize Dolce Vita Salon & Spa to perform the Soprano Laser Hair Removal procedure and any other measures which in their opinion may be necessary.

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. _____
(Patient's initials)

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 laser hair removal system involves a series of treatments and the fee structure has been fully explained to me _____ (Patient's initials)

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 at this time, and that I have not taken Accutane within the last 6 months. I do not have a pacemaker or internal defibrillator.

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.

Patients's Signature: _____ Date: _____

Witness: _____

