



Medical History Form

Name: _____ Date: _____
Last First

Address: _____ City: _____ ST: _____ Zip: _____

Email: _____ Phone: _____

Emergency Contact Name and Phone _____

How did you hear about Skin Renew Day Spa? _____

Which of the following best describes your skin type?

- Always burns, never tans (I) Always burns, sometimes tans (II) Sometimes burns, tans gradually (III)
 Rarely burns, tans easily (IV) Skin darkens, never burns (V) Very dark skin (VI)

How old is your tattoo? _____ Is it homemade or professional? _____

MEDICAL HISTORY

Are you currently under the care of a physician? Yes No If yes, for what: _____

Are you currently under the care of a dermatologist? Yes No If yes, for what: _____

Have you ever had a reaction to a laser/heat treatment or radiation therapy? No / If yes, when: _____

Do you have any of the following medical conditions? (Please check all that apply)

- Cancer Diabetes Herpes Arthritis Frequent cold sores HIV/AIDS
 Keloid scarring Skin disease/Skin lesions Seizure disorder Hepatitis
 Blood clotting abnormalities Any active infection Migraine headaches Heart disease
 Autoimmune disease Poor Circulation Skin cancer (location/type): _____

Do you have any other health problems or medical conditions? Yes No

Please list: _____

MEDICATIONS

It is very important for you to list ALL medications you are taking. Certain medications, such as light-sensitive medications, can have serious interactions with the laser.

What oral or topical medications are you presently using?

Please list: _____

Have you ever used Accutane or Retin-A[®]? Yes No

If yes, when did you last use it? _____

Have you ever had an allergic reaction to any medications? Yes No

If yes, please list _____

Have you recently taken antibiotics? Yes No

If yes, please list antibiotic and reason for use _____

HISTORY

Do you currently have a sunburn? Yes No

Do you currently have a tan? Yes No

Do you form thick or raised scars from cuts or burns? _____

Do you have Hyperpigmentation (darkening of the skin) or Hypopigmentation (lightening of the skin) or marks after physical trauma? Yes No

If yes, please describe _____

Have you had any previous laser or IPL treatments of any kind? Yes No

If yes, did you have any problems (pigmentation issues, blisters, burns) Yes No

If yes, please describe _____

FOR FEMALE CLIENTS ONLY

Are you pregnant or trying to become pregnant? Yes No

I certify that the preceding medical, personal and skin history statements are true and correct. I am aware that it is my responsibility to inform the technician, doctor or nurse of my current medical or health conditions and to update this history at each visit. A current medical history is essential for the caregiver to execute appropriate treatment procedures.

Client Signature _____ Date _____



Laser Client Consent Form

Please initial in each blank.

____I understand that erythema is a common immediate reaction from the non-ablative laser treatment process. This typically resolves within 2 hours, but can last longer. There is a possibility of rare side effects such as blister or swelling that may occur. I may also feel a gentle warming sensation of the skin during treatment. This is a temporary condition and I understand that each person's discomfort level may vary.

____I understand that 1-3 treatments are required for the non-ablative laser treatment to be most effective. I understand that it is important to follow the recommended maintenance schedule for future treatments to keep the best possible results.

____I understand sun exposure, tanning beds, sunless tanning lotions and tanning creams can cause discoloration or a reaction prior to or during the course of laser treatments. A broad spectrum (UVA/UVB) sunscreen SPF 30 or greater should be applied to the area(s) to be treated whenever exposed to the sun.

____I also understand that once I've started my treatment program there are no refunds.

____Patients with opened wounds, malignant skin tumors, and certain diseases, tattoos, or currently taking Accutane cannot be treated.

Skin Renew Day Spa has explained the nature and purpose of the non-ablative laser, including risks and possible complications, and has discussed the contents of this form with me. The client acknowledges that they have read and fully understood this document before signing. The client irrevocably agrees that each and every treatment they shall be deemed to have acknowledged the above paragraphs.

The client agrees to have the treatment outlined above, and will follow all prescribed directions regarding post procedure care and home care. I have read and fully understand all information presented to me before signing this consent form and hereby release Skin Renew Day Spa, its employees and medical director from all liabilities associated with the above indicated procedures.

Client Name _____

Client Signature _____ Date _____

Skin Renew Day Spa Staff _____ Date _____



Use/Disclosure of Health Information

I authorize Skin Renew Day Spa & Laser Center to communicate with me via email, text or phone reminders prior to my appointments at Skin Renew Day Spa at the contact information provided to Skin Renew Day Spa & Laser Center. This form requests you to advise: (A) *to whom we may disclose information* (B) *the reason for disclosure*, and (C) *the information to be disclosed*. However, to further protect your right to privacy, Skin Renew Day Spa & Laser Center *will not use or disclose* health information to family members, doctors, insurance companies, health insurance companies or to any other entities *without a current written authorization at the time the information is to be released*. Skin Renew Day Spa & Laser Center may discuss your health and/or treatment with/will provide your information to:

I, _____, hereby authorize the disclosure of my health and/or treatment information from my records to:

Name: _____

Address: _____

City/State/Zip: _____

The information I authorize to be disclosed from my health/treatment record: (initial appropriate boxes)

Entire Record Visit Notes Health & Physical Medication or Problem List Billing

Only information related to: _____

Please sign below to acknowledge you have read and agree with this policy.

Client Signature

Date



Photography Consent

Photographs may be taken at each visit by Skin Renew Day Spa & Laser Center for clinical purposes to evaluate and assess treatment. I hereby give Skin Renew Day Spa & Laser Center permission to use my photographs in the following manner.

_____ Unrestricted use of photograph (this may include website and social media)

Please check all that apply for restricted uses:

_____ Use only photographs in which my identity is concealed.

_____ Use in the office “Lookbook” to show other patients about procedures.

_____ Use in new patient consultations to teach other patients about procedures.

_____ Use in professional writing, which may include textbooks, journals, newsletters, etc.

_____ None of the above. Please do not use my photographs for any purpose.

Please sign below to acknowledge you have read and agree with this policy.

Client Name _____

Client Signature _____ Date _____



Cancellation Policy

Our staff hours are limited and valuable.

Missed appointments, being late more than 10 minutes or failure to give a 24-hour notice of cancellation or rescheduling will result in a \$25 cancellation fee. If you arrive more than 10 minutes late, we may not be able to treat you. This fee will be required to be paid before any additional treatments will be performed. We understand emergencies will happen. Therefore, a fee can be waived for an emergency and this fee can only be waived one time.

We appreciate you and your business and look forward to serving you!

Thank you,
Skin Renew Day Spa & Laser Center

Please sign below to acknowledge you have read and agree with this policy.

Client Name _____

Client Signature _____ Date _____



Laser Aesthetic Post-Treatment

Post-Treatment care is very important, so please follow the instructions below:

- Immediately after treatment, there may be erythema (redness) and edema (swelling) at the treatment site. This usually lasts 2 hours or longer, but erythema may last up to 10 days. The treatment area may feel like a sunburn for a few hours after the treatment, but it will subside.
- Apply ice as needed on and off the next 24 hours.
- Makeup may be used after the treated area has stopped swelling and there is no visible bleeding. It is recommended to use new makeup and clean brushes to reduce the possibility of infection.
- Do not put any chemicals on the treated area for 48 hours.
- Avoid over-exfoliation following the first week of treatment.
- Do not tan the area. Avoid sun exposure to avoid hypopigmentation and hyperpigmentation.
- Please apply sunscreen on the area, with an SPF 30 OR HIGHER, even if it is covered by clothing. Sun will travel through your shirt or pants.
- Some scabbing, light bleeding or itching may occur.
- Do not pop blisters. If you do blister, apply NOVE or antibiotic cream until the blisters have popped naturally.
- When bathing and showering, use lukewarm water for the next 24 hours and treat your skin gently. Pat dry – do NOT rub the treated area.
- Do not expose your skin to any heat sources, such as saunas, steam rooms, Jacuzzis, extremely hot showers or strenuous activities. No prolonged heat for a maximum of 48-hours post-treatment.
- It may take up to 2 weeks for your body to absorb ink that has been broken up by this treatment.
- It may take a 2-3 treatments before you see a difference.
- If you have any changes in your health or medications, please let Skin Renew Day Spa & Laser Center staff know.
- Remember, not all age or brown spots will clear completely. Your spots may just fade.
- Please call your primary care physician if an infection develops.
- If you have any questions at all regarding your tattoo removal process, please do not hesitate to call us at 317.848.SKIN (7546).
- **REMEMBER:** Drinks lots of water!

I have read and understand all the pre- and post-treatment instructions. Date _____

Client Name _____ Client Signature _____

Skin Renew Day Spa Staff _____ Date _____