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Repeat Laser Treatment

First Name:	____________	Last Name:	____________	Date:	____________
Home Phone:	____________	Mobile Phone:	____________	email address	____________

TO BE COMPLETED BY CLIENT:

1. List any medications you are currently taken or have taken within the past two weeks:

____

2. List any new medical conditions or skin conditions diagnosed since your last treatment:

____

3. Circle any of the following conditions that apply since your last visit:

☐ Suntan or extended sun exposure in past 8 weeks
☐ Tanning booth or self-tanning solution past 8 weeks
☐ History of herpes in site to be treated
☐ Permanent makeup
☐ Facial chemical peel in past 2 weeks
☐ Accutane within past 6 months

List all skin products used in past two weeks, both prescription and non-prescription

____

4. Have you had any changes in the appearance of your skin from any of the areas previously treated for laser hair removal?

☐ YES ☐ NO   If yes, explain ______________________

5. Pregnant? ☐ YES ☐ NO

My signature below indicates that I hereby renew my consent for another treatment for laser services and agree to abide by all aftercare instructions as well as my previously signed consent.

Signature: ______________________________ Date Signed: ____________

TO BE COMPLETED BY CLINICIAN:

Previous laser treatment with adverse reactions:	☐ YES	☐ NO
Response to previous treatment	________	% estimated hair loss
History of keloid scarring	☐ YES	☐ NO
Active infection of history of herpes in treatment area?	☐ YES	☐ NO
Accutane use within the past 6 months?	☐ YES	☐ NO
Chemical Peel/Retina/Renova, etc. within past 8 weeks?	☐ YES	☐ NO
Suntan/tanning bed/self-tanning lotion within past 8 weeks?	☐ YES	☐ NO