



44365 Premier Plaza, Suite 120, Ashburn, VA 20147
Phone: 703-726-8100 Fax: 703-726-4930

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:

- | | |
|--|---|
| <input type="checkbox"/> Suntan or extended sun exposure in past 8 weeks | <input type="checkbox"/> Permanent makeup |
| <input type="checkbox"/> Tanning booth or self-tanning solution past 8 weeks | <input type="checkbox"/> Facial chemical peel in past 2 weeks |
| <input type="checkbox"/> History of herpes in site to be treated | <input type="checkbox"/> 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: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Response to previous treatment | _____ | % estimated hair loss |
| History of keloid scarring | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Active infection or history of herpes in treatment area? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Accutane use within the past 6 months? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Chemical Peel/Retina/Renova, etc. within past 8 weeks? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Suntan/tanning bed/self-tanning lotion within past 8 weeks? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |