



Laser Hair Removal

What regions are you considering for laser hair removal?

Please share any questions, concerns or comments you may have about laser hair removal.

Have you previously had laser hair removal? If so, when? Where?

How do you currently manage your hair removal?

When was the last time you removed hair from the region you are considering hair removal?
How often?

Your ethnic background affects your skin and its response to the laser therefore. Please specify your ethnic origin:

- | | |
|------------------|------------------------|
| Asian | Mediterranean |
| African American | Middle Eastern |
| Caucasian | Native American |
| Hispanic | Other, please specify. |

Thank you for answering the 2-page questionnaire. (Your Signature here indicates that you have read and agree with each page of the questionnaire.) By doing so, you enable our licensed estheticians to give you the most personalized, effective and comfortable treatment possible. The information in this questionnaire is strictly confidential.

Client signature: _____ Date: _____



Laser Hair Removal Informed Consent Form

Directions: Please initial beside each statement indicating your understanding, agreement, and consent.

_____ I understand that laser hair removal is an FDA cleared service for permanent hair reduction only. It is intended for epilation of hair. Clinical results may vary with different skin types, hair colors and treatment areas. I understand that there is a possibility of rare side effects including scarring and permanent discoloration. Additionally there is potential for short-term reactions such as reddening, irritated raised rash, blistering, mild burning, swelling, bruising, or temporary discoloration of the skin.

_____ I understand that there are other options for hair removal such as electrolysis, waxing and chemical preparation. I understand the difference between those options and laser hair removal. I chose laser.

_____ I understand that if I have a tattoo or permanent make-up in the area to be treated, there is a possibility of blistering and lightening of the tattoo or permanent make-up. Jakes Aesthetics will opt to avoid the tattoo area.

_____ I understand that if I have sun exposure or used a tanning bed within a 2-day period with the 1064nm YAG or 4 weeks, prior, during, and/or post treatment with the 755nm Alexandrite, I risk possible permanent pigment change or blistering.

_____ I realize that each individual's response is different. Laser hair removal results may vary and could range in number of treatments to achieve desired results or may be minimal or not help at all.

_____ I received and will follow the post-treatment instructions.

_____ I waive my right to see a physician prior to service. However, if there are complications, I understand that a physician will administer and guide my care.

_____ I understand that Jakes Aesthetics must retain a credit card and/or groupon number to secure my appointment. Additionally I understand that Jakes Aesthetics has a 24-hour cancellation policy, meaning I must cancel my appointment via phone more than 24 hours prior to the start of my appointment. I understand that if I fail to show for my appointment or do not cancel at least 24 hours prior to scheduled appointment, I will be charged for the full price of my service or services.

_____ I understand and agree that Jakes Aesthetics may choose to take photos of my treatment area for the purpose of monitoring my progress.

_____ I understand the nature and purpose of laser hair removal, including its risks, possible complications, and that my results may differ from that of others. I have read/understand this consent form. I know that Jakes Aesthetics cannot guarantee the results. I will not hold Jakes Aesthetics or employees responsible if my results are not what I requested or hoped.

Signature _____ Date _____
Witness _____ Date _____

JAKES AESTHETICS

Pre- and Post- Treatment Skin care Instructions

For 1064 nm wavelength treatment (generally used on African Americans, Asians, Middle Eastern, Mediterranean, Hispanics/Latino, and brown people), avoid sun exposure for one week prior, during, and one week after treatment. For 755 wavelength treatment (generally for Caucasians), avoid sun exposure for at least four weeks prior, during and at least four weeks after final treatment. Avoid all sun exposure between treatments. Exposure decreases effectiveness of the laser treatment and may increase the probability of post treatment complications.

Pre-treatment

1. Laser is not advised for those using ingredients that can thin the skin.
 - a. Topical vitamin A users should wait 1 week to 3 months depending on strength.
 - b. Accutane users must wait 1 year.
 - c. Those using hydroxy acids should discontinue use 72 hours prior to treatment.
2. For pain management, clients can take acetaminophen during the 24 hours prior to treatment. It is most effective when taken every 4 hours for the 24 hours prior to treatment. Manage use wisely, knowing that Jakes Aesthetics is not responsible for any side effects.
3. It is advised that clients be clean-shaven prior to treatment.

Post-treatment

1. Apply post-treatment ointment if necessary. Hydrocortisone is best and please avoid Neosporin.
2. No shaving for 48-72 hours after treatment
3. No tweezing, waxing, or use of depilatories.
4. Wear sun protection. A broad-spectrum (UVA/UVB) sunscreen of SPF 30 or greater should be applied to the area being treated whenever exposed to the sun.
5. Remember that swelling, blistering, redness, and soreness are common.
6. Gently pat the area dry. Do not rub with a towel or washcloth when bathing.
7. Discomfort, such as swelling or redness (lasting from a few hours to a couple of days) can be relieved with acetaminophen and/or cooling devices.
8. If make up is allowed, it must be applied and removed delicately. Excess rubbing can open the area and increase the change of scarring.