



# REPEAT LASER TREATMENT CONSENT

Client Name \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by client:**

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

\_\_\_\_\_

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

\_\_\_\_\_

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

- a) Suntan or extended sun exposure in the past 4 weeks
- b) Been in a tanning booth or used self tanning solution in the past 4 weeks
- c) History of herpes in the site to be treated
- d) Application of permanent makeup in area to be treated
- e) Facial chemical peel in the past 2 weeks
- f) Accutane within the last 6 months

Explain all skin products used in the last two weeks, prescription or otherwise:

\_\_\_\_\_

4. Have you had any adverse changes in the appearance of your skin from any of the previously treated areas from laser? ~~Yes~~ .....

Explain \_\_\_\_\_

5. If female, I am pregnant: ~~Yes~~ SSSSSSSSS

I hereby renew my consent for another treatment for laser services and I agree to abide by all aftercare instructions and by my previously signed consent.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by clinician:**

Previous Laser Treatments with Adverse Reactions: ~~Yes~~ .....

Response to Previous LHR \_\_\_\_\_ % estimated hair loss

Active Infection or History of Herpes In the Treatment Area: ~~Yes~~ .....

Accutane within the past Six Months: ~~Yes~~ .....

Retin A-, -Renova, etc. Chemical Peels In Past 4 Weeks: ~~Yes~~ .....

Suntan/Tanning Bed/Self Tanning Lotion Within the past 4 Weeks: ~~Yes~~ .....