



## Informed Consent for Removal/Reduction Rosacea & Spider Veins

**Client's name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I authorize Silky Skin Laser Centers to perform the laser procedure. The light pulsed system may dramatically reduce darkly pigmented sunspots and spider veins. More than one laser session may be necessary to achieve desired results. However, other treatments, including skin care products, are often needed to blend color, reduce sun damage, and give the best results. The FDA has given the clearance for removal of brown spots, spider veins, and rosacea.

The following problems may occur with treatment:

1. **Scarring:** The light pulsed system can create a bruising and a moderate burn or blister to the skin. For an effective treatment, the power (joules) needs to be just below the blistering point which means skin will be red. There is a risk of scarring.
2. **Hyper-pigmentation** (browning) and **Hypo-pigmentation** (whitening) have been noted after treatment, especially with a darker complexion. This usually resolves within weeks, but it can take as long as 3-6 months in some cases. Permanent color change is a rare risk. If you have a lot of color in your skin, a skin lightening cream will be advised to reduce the melanin in your skin before the treatment. Avoiding sun exposure after the treatment is crucial to reduce the risk of color change.
3. **Infection:** Although infection following pulsed light treatment is unusual, bacterial, fungal, and viral infections can occur. Herpes simplex virus infections around the mouth can occur following a laser treatment. This applies to both individuals with a past history of herpes simplex virus infections in the mouth area. Should any type of skin infection occur, additional treatment including antibiotics might be necessary.
4. **Bleeding:** Pinpoint bleeding is rare but can occur following brown spot and spider vein treatment procedures. Should bleeding occur, additional treatment might be necessary.
5. **Skin tissue Pathology:** Energy directed at skin lesions may potentially vaporize the lesion. Laboratory examination of the tissue specimen may not be possible. Only clearly benign pigmented lesions can be treated. Check with your doctor for clearance for the treatment.
6. **Allergic reactions:** In rare cases, local allergies to tape, preservatives used in cosmetics or topical preparations, have been reported. Systemic reactions (which are more serious) may result from prescription medicines. Allergic reactions may require additional treatment.



7. Wear sunscreen of SPF 30 or higher before and after treatment to protect your skin.
8. I understand I may need multiple treatments for the desired outcome.
9. I understand that exposure of my eyes to light could harm my vision. I will keep the eye protection on at all times.
10. Compliance with the aftercare guidelines is crucial for healing, prevention of scarring, hyper-pigmentation and hypo-pigmentation.

Occasionally, unforeseen mechanical problems may occur and your appointment will need to be rescheduled. We will make every effort to notify you prior to your arrival to the office.

Please be understanding if we cause you any inconvenience.

**ACKNOWLEDGMENT:**

My questions regarding the procedure have been answered satisfactorily. I understand the procedure and accept the risks.

I Consent to the taking of photographs during the course of my laser therapy for the purpose of medical education. These photographs may be used for teaching or publication, as the case provider deems appropriate with a full respect to compete personal identity confidentiality.

**CANCELATION POLICY:**

***48 hour cancelation policy ... if for whatever reason you can't make a scheduled appointment please call us and let us know 2 days in advance. If you fail to show for a scheduled appointment without prior notice; a \$10 charge will be levied on your account and the session will be considered as completed.***

I hereby release Norma Khal, Firas Khoury and SilkySkin Aesthetic Laser Center from all liabilities associated with the above indicated procedure.

Client/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Laser Technician Signature \_\_\_\_\_ Date \_\_\_\_\_



## CLIENT INFORMATION & MEDICAL HISTORY

In order to provide you with the most appropriate laser treatment, we need you to complete the following questionnaire. All information is strictly confidential.

### PERSONAL HISTORY

Client Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_ E mail: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: (     )     -     Cell (     )     -     Work Phone (     )     -    

Emergency Contact Name and Phone \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

Which of the following BEST describes your skin type? (Please circle ONE skin type)

- Type I** Always burns, never tans, light color hair and eyes
- Type II** Usually burns, tans with difficulty, light skin, light colored hair
- Type III** Sometimes burns, but usually tans, darker eyes, slight coloring to the skin
- Type IV** Rarely burns, tans easily, dark eye color, definitive darkening skin color
- Type V** Very rarely burns, dark hair and eye color
- Type VI** Very dark skin color, dark coarse hair, dark eyes

Do you regularly use tanning salons or sun bathe? \_\_\_\_\_ If yes; how often? \_\_\_\_\_

Have you had any recent tanning or sun exposure that changed the color of your skin?  Yes  No

Have you recently used any self-tanning lotions or treatments?  Yes  No

Do you form thick or raised scars from cuts or burns?  Yes  No

Do you have Hyper pigmentation (darkening of the skin) or Hypo pigmentation (lightening of the skin) or marks after physical trauma?  Yes  No If yes, please describe: \_\_\_\_\_

**\* ONLY answer these questions if you are interested in laser hair removal**

Have you ever had laser hair removal?  Yes  No

Have you used any of the following hair removal methods in the past six weeks?

Shaving  Waxing  Electrolysis  Plucking  Tweezing  Stringing  Depilatories

Method	Area(s)	Method	Area(s)
Shaving		Depilatories	
Tweezing		Electrolysis	
Waxing		Laser	
Other:		Other:	

### 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: \_\_\_\_\_

Do you have a history of erythema abigne, which is a persistent skin rash produced by prolonged or repeated exposure to moderately intense heat or infrared irritation? Yes No

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

- Cancer Diabetes High blood pressure Herpes Arthritis  
Frequent cold sores HIV/AIDS Keloid scarring Skin disease/Skin lesions  
Seizure disorder Hepatitis Hormone imbalance Thyroid imbalance  
Blood clotting abnormalities Any active infection

Do you have any other health problems or medical conditions? Please list: \_\_\_\_\_

Have you ever had an allergic reaction to any of the following? (Please check all that apply and describe the reaction you experienced) Food Latex Aspirin Lidocaine Hydrocortisone Hydroquinone or skin bleaching agents  
Others: \_\_\_\_\_

## MEDICATIONS

What oral medications are you presently taking? Birth control pills Hormones

Others (Please list): \_\_\_\_\_

Are you on any mood altering or anti-depression medication? \_\_\_\_\_

Have you ever used Accutane? Yes No, If yes, when did you last use it? \_\_\_\_\_

What topical medications or creams are you currently using? Retin-A® Others (Please list):  
\_\_\_\_\_

What herbal supplements do you use regularly? \_\_\_\_\_

## Female client:

Are you pregnant or trying to become pregnant? Yes No Are you breastfeeding? Yes No

Are you using contraception? 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, esthetician, therapist, doctor or nurse of my current medical or health conditions and to update this history. A current medical history is essential for the caregiver to execute appropriate treatment procedures.*

Signature \_\_\_\_\_ Date: \_\_\_\_\_



## AFTER CARE FORM

1. Immediately after the treatments, there should be redness and bumps at the treatment area, which may last up to 2 hours or longer. It is normal for the treated area to feel like sunburn for a few hours. You should use a cold compress if needed. If any crusting, apply antibiotic cream. Some physicians recommend aloe vera gel or some other after sunburn treatment such as Desitin. Darker pigmented people may have more discomfort than lighter skin people and may require the aloe vera gel or an antibiotic ointment longer.
2. Makeup may be used after the treatment, unless there is epidermal blistering. It is recommended to use new makeup to reduce the possibility of infection. Just make sure that you have moisturizer on under your makeup. In fact, moisturizer will help the dead hair exfoliate from the follicle, so use moisturizer frequently and freely on the treated area. Any moisturizer without alpha-hydroxy acids will work.
3. Avoid sun exposure to reduce the chance of dark or light spots for 2 months. Use sunscreen SPF 25 or higher at all times throughout the treatment and for 1-2 months following.
4. Avoid picking or scratching the treated skin. **DO NOT USE** any other hair removal methods or products on the treated area during the course of your laser treatments, as it will prevent you from achieving your best results.
5. You may shower after the laser treatments, and use soap, deodorant, etc. The treated area may be washed gently with a mild soap. Skin should be patted dry and **NOT** rubbed. You may apply deodorant after 24 hours.
6. Anywhere from 5-30 days after the treatment, shedding of the hair may occur and this may appear as new hair growth. This is not new hair growth, but dead hair pushing its way out of the follicle. You can help the hair exfoliate by washing or wiping with a washcloth.
7. Hair re-growth occurs at different rates on different areas of the body. New hair growth will not occur for at least three weeks after treatment.
8. Call your physician's office with any questions or concerns you may have after the treatment

Please note: Stubbles, representing dead hair being shed from the hair follicle, will appear within 10-20 days from the treatment date. This is normal and will fall out quickly.