

OREGON LASER & WELLNESS CENTER
 4370 SE KING ROAD SUITE 105
 MILWAUKIE, OR 97222
 PHONE: 503 305 7704 or 971 263 7679

Date: _____

NEW CLIENT FORM

Name:																								
Address:		City:	State: Zip:																					
Email:																								
Home Phone:		Work Phone:	Cell:																					
Occupation:																								
Date of Birth:		Age:																						
<p>FITZPATRICK CLASSIFICATION SYSTEM: Please select the skin type seems to best describe your skin</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;">SKIN TYPE</th> <th style="text-align: left;">SKIN COLOR</th> <th style="text-align: left;">CHARACTERISTICS</th> </tr> </thead> <tbody> <tr> <td><input type="radio"/> I</td> <td>White</td> <td>Always burns, never tans</td> </tr> <tr> <td><input type="radio"/> II</td> <td>White</td> <td>Usually burns, tans less than average</td> </tr> <tr> <td><input type="radio"/> III</td> <td>White</td> <td>Sometimes mild burns, tans about average</td> </tr> <tr> <td><input type="radio"/> IV</td> <td>Brown</td> <td>Rarely burns, tans more than average</td> </tr> <tr> <td><input type="radio"/> V</td> <td>Brown</td> <td>Rarely burns, tans profusely</td> </tr> <tr> <td><input type="radio"/> VI</td> <td>Brown</td> <td>Never burns, deeply pigmented</td> </tr> </tbody> </table> <p>What is your ethnicity? (ie: Irish, Native American, etc) This is important for us to determine appropriate treatment setting:</p>				SKIN TYPE	SKIN COLOR	CHARACTERISTICS	<input type="radio"/> I	White	Always burns, never tans	<input type="radio"/> II	White	Usually burns, tans less than average	<input type="radio"/> III	White	Sometimes mild burns, tans about average	<input type="radio"/> IV	Brown	Rarely burns, tans more than average	<input type="radio"/> V	Brown	Rarely burns, tans profusely	<input type="radio"/> VI	Brown	Never burns, deeply pigmented
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PLEASE ANSWER ALL QUESTIONS IN FULL SO WE CAN BETTER SERVE YOU																								
Have you ever been on Accutane? YES NO If yes, when were you on																								

(Please turn over)

Do you have any autoimmune or neurological disorders? (ie: Multiple Sclerosis, Guillain-Barre disease)
YES NO if yes. Please explain

Past Medical History

- Hepatitis
- HIV
- HPV/STD
- Impetigo

Any allergies to medications, skin allergies? Explain

Have you had any other cosmetic surgeries or procedures? YES NO if yes, please explain

SKIN CONCERNS

- | | | |
|---|--|--|
| <input type="radio"/> Fine Lines and Wrinkles | <input type="radio"/> Excess Underarm Sweating | <input type="radio"/> Large Pores |
| <input type="radio"/> Crow's Feet | <input type="radio"/> Skincare | <input type="radio"/> Rosacea/Facial Redness |
| <input type="radio"/> Excess Hair | <input type="radio"/> Age Spots/Freckles | <input type="radio"/> Leg Veins |
| <input type="radio"/> Sagging Skin | <input type="radio"/> Acne | <input type="radio"/> Spider Veins |
| <input type="radio"/> Laugh Lines/Fold Around Mouth | <input type="radio"/> Broken Capillaries | <input type="radio"/> Other: |

If you could change one thing about your skin, what would it be?

Have you ever been to dermatologist? YES NO If yes, when and for what purpose?

Have you or any member of your family had skin cancer? YES NO If yes, who?

Do you take herbs? YES NO If yes, please list.

Have you ever had laser procedures? YES NO If yes, when was your last one?

Have you ever had an Acid Peel? YES NO If yes, when was your last one?

Have you ever had Botox or other Fillers? YES NO If yes, when was your last one

Please Identify the names of the products you currently use:

Cleanser:

Moisturizer:

Exfoliate:

Sunscreen:

Tone:

Eye Cream:

Night Cream:

How often do you experience breakouts? FREQUENTLY OCCASIONALLY RARELY

(Please turn over)

What skin type do you feel you have, oily, aging, dry, combination, sensitive, rosacea? _____

What are your skincare goals today? _____

If I experience any pain or discomfort during this session, I will immediately inform the esthetician so that the session may be adjusted to my level of comfort. I further understand that esthetics should not be considered as a substitute for medical examination, diagnosis, or treatment, and that I should see a physician, or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that licensed estheticians are not qualified to diagnose, prescribe, or treat any physical or mental illness, and nothing that is said in the course of the session given should be construed as such. Because esthetics should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep Doctor Deanna K. Olson, Oregon Laser & Wellness Center and the Esthetician updated as to any changes in my medical profile and understand that there shall be no liability on Doctor Deanna K. Olson, Oregon Laser & Wellness Center and the esthetician's part should I fail to do so.

Esthetician Signature: _____ Date: _____

Client Signature: _____ Date: _____

OREGON LASER & WELLNESS CENTER

4370 SE King Road Suite 105, Portland, OR 97222

Phone: 503 305 7704 or 971 263 7679

www.oregonlasernwellness.com

LASER HAIR REMOVAL PROCEDURE CONSENT

Laser hair removal may require multiple sequential treatments. The laser only affects hair that is actively growing. For this reason, complete destruction of all hair from any one treatment is unlikely, and several treatments are required to obtain a significant, long-term reduction of hair growth. As with all procedures, some individuals show a dramatic improvement, while others show little improvement. The people who have a poor response to laser/IPL hair removal are often those with red or blond hair or hair that has a finer texture, and they may be disappointed. White and gray hair is not affected by laser/IPL devices. Due to multiple types of hair, you acknowledge that there are no guarantees, warranties, or assurances that you will be satisfied with your results. In our experience, approximately 10% of the population does not respond to laser/IPL for hair reduction. As hair grows in cycles, multiple treatments offer the best results.

Prior to treatment, the area to be treated may be anesthetized with a topical numbing cream. Following your treatment, you may experience pain, swelling and redness, similar to a mild-sunburn, for the first several days. .

Contraindications For This Treatment Include:

1. Unprotected sun exposure, tanning beds, and sunless tanners 3-4 weeks prior
2. Waxing of the area within the last 8 weeks
3. Use of depilatory creams or bleach 4-6 weeks prior
4. Pregnancy and nursing mothers
5. Temporary dermal fillers within the last 2 weeks
6. Permanent fillers particularly silicone (silicone insulates creating much heat)
7. History of seizures
8. History of keloid scarring
9. Active infection, undiagnosed lesions, warts, tattoos in the treatment area
10. History of cold sores (herpes simplex); treatments can reactivate herpes, and prophylactic medication may be recommended

11. Retin-A and similar products 3 days before and 7 days after treatment

Risks of this procedure include, but are not limited to, the following:

Pain – Some people may feel some pain with this treatment, similar to snapping the skin with a rubber band. Stinging or sharp pain may be present after the procedure and throughout the healing process.

Redness – Laser treatment will cause redness of the area. The redness may be present for weeks to months.

Swelling – Swelling will be present after the procedure and should likely resolve after 1-2 weeks.

Pigmentary Changes – The treated area may heal with altered pigmentation (either lighter or darker skin). This occurs most often with darker colored skin and after exposure of the area to sun. You may have experienced this type of reaction before and noticed it with minor cuts or abrasions. The treated area must be protected from exposure to the sun (sunscreen for 4 weeks after treatment) to minimize the possibility of such changes, although pigmentary changes may occur despite sun avoidance. While these pigmentary changes usually fade in three to six months, in some cases, the pigment change is permanent.

Alert us immediately if you have been in the sun, have had a tan, or a sunburn, within the last 4 weeks.

During pregnancy, areas of increased pigmentation frequently appear spontaneously. For this reason, laser therapy is not recommended during pregnancy.

Scarring – There is a risk of scarring with this procedure at any time during the healing process. The scarring may be discolored and may be permanent.

Blistering – The laser procedure may produce heating in the upper layers of the skin resulting in blister formation. The blisters should go away within two to four days. Scarring or discoloration may result from any blister formation.

Scabbing – A scab may be present after a blister forms. The scabbing will disappear during the natural wound healing process of the skin. Scarring or discoloration may result from any scab formation.

Infection – An infection of the wound is always possible. Any blistering or bleeding must be dressed with an antibiotic ointment and covered. Any infection could last seven to ten days and could lead to scarring.

Acne Breakout – Acne or folliculitis may follow laser/IPL hair reduction treatments.

Eye Damage – Protective eyewear will be provided; it is important to keep this eyewear on at all times during the treatment to protect your eyes from accidental laser/IPL exposure.

Failure to Achieve Desired Results – It is very possible that this procedure may fail to achieve your desired results. Strict adherence to the pre-op and post-op instructions is essential. You may need to repeat your treatments to achieve the desired results.

I am allowing photographs and digital images being taken to evaluate treatment effectiveness, for medical education, training, professional publications or sales purposes. No photographs or digital images revealing my identity will be used without my consent. If my identity is not revealed, these photographs and digital images may be used, shared, and displayed publicly without my permission.

Consent

I, the undersigned, have read and understand the information contained within this consent form. My signature indicates that I have read and understand the information in the consent. I hereby release Oregon Laser & Wellness Center, April Truong, Its medical staff and technicians from all liability associated with this procedure. Furthermore, my signature below indicates my consent to the treatment described and my agreement to comply with the requirements placed on me by this consent form.

Patient's Name: _____

Patient Signature: _____ Date _____

Esthetician Signature: _____ Date _____

OREGON LASER & WELLNESS CENTER

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Laser Hair Removal Aftercare Instruction

No Heat treatments are permitted for 24/48 hrs (Sauna, steam room, hot showers & baths, swimming)

No make up application for 24hrs,

No application of perfumed products for 24/48 hrs after.

SPF 30 is recommended for 4 weeks after on areas exposed to sunlight.

Tanning the skin is not advised between treatments. The skin needs to be as pale as possible for optimum results. (Tanned skin cannot be treated, as the skin will absorb too much energy)

Aloe Vera gel may be applied to sooth skin if necessary afterwards.

No waxing or tweezing of the hairs is permitted between treatments, as a root must be present in the follicle in order for the laser to work.

Shaving is permitted as often as you wish between treatments.

For body areas, clients must arrive to the salon with the area to be treated shaved for the treatment, or else a charge of \$50 will be incurred. It is more tedious for a therapist to clip/shave a client, as loose hairs present on a client's skin can risk their skin getting burnt, & can damage the laser hand piece.

Facial hairs do not need to be clipped/shaved back, as this is a small zone & easy for the therapist to clip.

In the unlikely/ rare event that a blister/burn should occur, you can open a vitamin E capsule & apply liberally to aid healing. Do not burst the blister as this may leave a mark on the skin. Apply 3 times daily. Do not expose the area to sunshine, as you may increase risk of pigmentation.

Call us if you have any concerns post op 503-305 7704 or 971 263 7679