



HEALTH HISTORY

Name: _____ Date: _____

Cell #: _____ Home #: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Age: _____ Gender: F M

Occupation: _____

Emergency Contact: _____ Phone: _____

Relationship: Spouse Parent Friend Other _____

Medical History: Please indicate if you have experienced or are experiencing any of the following conditions:

Yes No Do you have any chronic medical conditions?
If yes, please list: _____

Yes No Are you currently under the care of a physician or dermatologist?
If yes, please state reason: _____

Yes No Do you use a sunscreen / sunblock?

Yes No Do you participate in outdoor activities?

Yes No Have you had permanent cosmetics?
If yes, please indication location(s): _____

Yes No Do you have, or have you ever had Acne?

Yes No Do you have diabetes or epilepsy?

Yes No Have you ever had herpes of the mouth? (cold sores)
If yes, please state treatment medications: _____

Yes No Are you currently taking medication(s)?
If yes, please list: _____

Yes No Are you on birth control?

Yes No Are you pregnant, or planning to become pregnant?

Yes No Are you currently on hormone replacement therapy?

Yes No Have you had any of the following: (if yes, specify)
Botox Injections Chemical Peels Cosmetic Surgery Dermatitis
Hepatitis Keloid Scarring Laser Resurfacing Skin Cancer
Other (please specify) _____

Yes No Have you ever had an allergic reaction to any of the following: (if yes, specify)
Animal Proteins Aspirin Benzocaine Foods Hydrocortisone
Hydroquinone Glycolic or Other Acids Latex Lidocaine
Medications Polidocanol Red Dye Tetracaine Vitamin C
If yes, state reaction: _____

Yes No Are you currently using any of the following: (if yes, specify)
Accutane Antibiotics Glycolic Acid/AlphaHydroxy Acid
Hydroquinone Retinoid (Vitamin A derivatives) i.e. Differin, Renova, Retin A

Yes No Are you currently using skin care products?
If yes, please list brand and type: _____

Which conditions do you want to improve?

Acne/Acne Scarring Age Spots Enlarged Pores Fine Lines & Wrinkles
Hyperpigmentation (Brown Spots) Sun Damage Surgical Facial Scars
Other _____

What else would you like to change about your skin?

Acknowledgement: *I certify that the preceding medical and personal history statements are true and correct. I am aware that it is my responsibility to inform the technician of my current medical and health condition. A current medical history is essential for the caregiver to execute the appropriate treatment procedures.*

Patient Signature

Date

Witness

Date

MD BODY AND MED SPA
Fitzpatrick Skin Type Quiz

Genetic Disposition

	0	1	2	3	4
What is the color of your eyes?	Light Blue, Gray, Green	Blue, Gray or Green	Blue	Dark Brown	Brownish Black
What is the natural color of your hair?	Sandy Red	Blond	Chestnut/ Dark Blond	Dark Brown	Black
What is the color of your skin? (non-exposed areas)	Reddish	Very Pale	Pale with Beige Tint	Light Brown	Dark Brown
Do you have any freckles on unexposed areas?	Many	Several	Few	Incidental	None

Total _____

Reaction to Sun Exposure

	0	1	2	3	4
What happens when you stay in the sun too long?	Painful, redness, blistering, peeling	Blistering followed by peeling	Burns sometimes follow by peeling	Rare burns	Never had burns
To what degree do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easily	Turn dark brown quickly
Do you turn brown within several hours of sun exposure?	Never	Seldom	Sometimes	Often	Always
How does your face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem

Total _____

Tanning Habits

	0	1	2	3	4
When did you last expose your body to sun? (or artificial sunlamp/tanning cream)	More than 3 months ago	2-3 months ago	1-2 months ago	Less than one month ago	Less than 2 weeks ago
Did you expose the area to be treated to the sun?	Never	Slightly	Often	Frequently	Always

Total _____

Skin Type Score	Fitzpatrick Skin Type
0 - 7	I
8 - 16	II
17 - 25	III
26 - 30	IV
Over 30	V - VI

Skin Type _____

Patient Initials _____

Date _____



GENERAL INFORMATION FOR LASER HAIR REMOVAL

Laser hair removal is a cosmetic procedure. Pretreatment measures, such as avoiding tanning, may be needed to decrease your skin pigment content. Decreasing the skin pigment content allows higher energy levels to be delivered to the hair follicle without damaging the skin. Freckles and pigmented lesions may also be removed as a side effect of laser hair removal. Pigment changes may occur in up to 6% of cases. Follow up instructions must be adhered to and sun protection is crucial. Laser hair removal is a practical alternative to electrolysis and is theoretically more precise. It achieves selective damage to the hair root while limiting injury to the surrounding skin. Laser hair removal uses laser light to target pigment in the hair follicle. Hair grows in cycles, which vary with age, sex, hormonal status, and site. Follicles that contain actively growing hair at the time of treatment absorb enough laser energy to affect growth. Some experts feel it is important to return for subsequent treatments as soon as new hair growth emerges. The newly emerging hairs are closer to the surface of the skin and are consequently more vulnerable to the laser. Theoretically, subsequent treatments are as, if not more, important than the first in achieve a long-term hair removal. An average of at least eight (8) treatments are required to achieve a satisfactory cosmetic result. There is now good evidence of hair reduction for up to 16 years. It is impossible at this point to guarantee permanence since laser hair removal and the research does not extend beyond 16 years. Maintenance treatments should be expected and may be required on a yearly or biannual basis. Laser hair removal has been shown to produce long-term results in properly selected patients. In rare cases, female patients, in particular those removing facial hair, have experienced a slight increase in their fine hair at the periphery of the facial treatment area. In these cases, long term maintenance may be required. The facial area becomes one zone after eight (8) treatments. We are continuously attempting to treat based on the most current medical data, so that these side effects do not occur.

The cost for any laser services are determined by our definition of the zones treated. We have a strict refund policy, and no refunds beyond six (6) months are guaranteed. The refunds are based on a per zone treated basis and not on a prepaid package price. No refunds will be given for any service already provided. Payment is due at the time of treatment. All collection, bank, and attorney fees are to be paid by the consumer. A service charge for delayed or non-payment will be added for bookkeeping costs, as well. Any patient who does not agree to these conditions and is concerned about the cost for assessment or treatment is advised not to proceed. All prices are subject to change at any time without notice.

I have read and understand the information disclosed regarding laser hair removal treatment. I understand and accept the risks as presented in the General Information for Hair Removal. I have read the consent form and understand payment policies. The staff has answered all my questions to my satisfaction. I have been given the opportunity to ask questions and hereby certify that I have read and fully understand the contents of this consent form before signing below.

Patient Name

Patient Signature

Date

Technician Signature

Date



LASER HAIR REMOVAL PRE-TREATMENT INSTRUCTIONS

In areas where unwanted hair will be treated, the hair should be shaved closely the morning or night before the treatment. In areas where the hair is sparse, or if the hair is fine after several treatments and stubble cannot be seen, it may be preferable to shave 2 to 3 days in advance. When growth is sparse it helps us to see these fine hairs. Areas to be treated must be clean. If possible, please arrive without lotions or makeup. A topical anesthetic is available and is recommended for pain control. This topical anesthetic must be applied in the office the first time it is used. Please come prepared to wait in a private room while the anesthetic takes effect. The dose of topical anesthetic is limited to one (1) ounce. It should be allowed to remain on the skin with an occlusive dressing (cellophane wrap) for 60 minutes prior to treatment to effectively numb the skin. After the initial treatment it may be applied at home.

- Clothing that allows access to the areas to be treated should be worn (i.e., a tank top to treat underarms, a white or light colored bathing suit or underwear to treat the bikini area, etc.) along with loose clothing to wear following treatment.
- Absolute contraindications include pregnancy and Accutane use during the past three (3) months.
- Relative contraindications include immunosuppressive disorders and some medications. Please keep us up to date on medical history changes.
- The laser must avoid tattoos.

More general information...

Your appearance is important to us, so we would like your skin in the best possible condition for laser hair removal. The melanin in the upper layer of the skin is energized by the laser and may burn it if it is tan. You need to be a partner in this treatment by avoiding sun exposure to the treatment area. This means wearing protective clothing and using maximum sun block to prevent tanning. The highest SPF sunscreen, which blocks UVA and UVB light, must be used. UVA light affects collagen, the connective tissue of the skin, and is responsible for wrinkling of the skin. UVB light is the spectrum of sunlight that causes burning. The sun's rays can penetrate the clouds as well as light clothing. As a result, sunscreen is an important part of ongoing skin care as well as pretreatment regime.

We recommend Azeleic Acid, Erythromycin or Cleocin-T gel, and Glycolic Acid products for acne sufferers to minimize acne. This is called pseudofolliculitis barbae. We offer a treatments and products for acne. A skin consult with an aesthetician is advised. Azeleic acid also decreases the occurrence of ingrown hair, as well as blackheads.

Laser light has been known to activate herpetic lesions. A history of herpes simplex (cold sores_ in the treatment area indicate the use of an antiviral agent such as acyclovir (Zovirax) or Valtrex the day before, during and after laser treatment.

Hair bleaching should be discontinued 7-10 days prior to treatment. Waxing and tweezing should be stopped 3-4 weeks prior to treatment. Shaving or depilatory use is permissible, but should be discontinued 1-7 days prior to treatment, depending on hair thickness and growth rate.

I have read and understand the information disclosed regarding the pre-treatment instructions for laser hair removal treatment.

Patient Name

Patient Signature

Date

Technician Signature

Date



LASER HAIR REMOVAL POST-TREATMENT INSTRUCTIONS

Patients should expect, at the most, to be red and irritated, possibly swollen, initially following treatment. The initial response usually minimizes within several to 48 hours. Cool compresses best aid in alleviating redness and irritation. Some patients experience no effect beyond this, while others experience superficial crusting, a bruise-like appearance, or possibly blistering; these side effects should be reported to MD Body & Med Spa. All of these effects are transient and should resolve within one to two weeks. The Diode laser may cause folliculitis (small pimples).

Everyone will shed dead hair from the follicle for a time period of three (3) weeks to five (5) weeks following treatment. Shedding typically begins 10-21 days after treatment and the hair may seem to be growing. However, it is coming out of the follicles. **If there is any question about the effectiveness of the treatment or questions concerning missed areas, we must evaluate you within two (2) weeks.** Exfoliation methods such as mild glycolic acid products, body scrubs, or shaving air in this process. Shaving is recommended between treatments. **Please call us if you have questions or concerns.** Due to the nature of this treatment, we expect some missed areas. Those areas may be clipped or shaved until an overall emergence indicates another treatment. Some patients elect to treat those missed areas before the next treatment. We do not routinely recommend treating missed areas because over the course of six (6) to eight (8) treatments, most of these areas will be affected unless the hair is blond, white or very deep in the dermis.

Other recommendations include:

- Tylenol or Ibuprofen may be taken for discomfort if no allergy exists.
- A topical corticosteroid may be used to minimize redness or irritation.
- An antibiotic ointment, such as bacitracin, may be used to prevent infection if there are any blistered areas. We will guide you through these side effects and need to see you in follow up immediately. We would like to be notified immediately if this side effect occurs.
- No harsh soaps, scrubs, loofahs, etc. for 2-7 days. Tepid showers for first 24 hours.
- No topical acne medications, glycolic, retinoic, or ascorbic acid for 2-7 days in the area of treatment.
- Do not pick or scratch treated areas.
- Make-up is permissible if no blisters are present.
- When no longer tender, exfoliation (loofah, body glove, coarse washcloth, alpha hydroxyl acid products, shaving, etc.) may be employed to aid in resolution of hair shedding and crusting. Do not tweeze or wax between treatments.
- Avoid sun exposure unless using a sunblock of SPF 30 or more. Avoid tanning without sunblock for at least four (4) weeks after treatment. If tanning, be sure to let your medical provider know at the time of your next treatment.
- Elevate treated area, particularly legs, the day of treatment.
- If there is irritation or discomfort in the bikini area, use Balmex (diaper rash cream) found in the diaper aisle at the grocery or drug store.

I have read and understand the information disclosed regarding the post-treatment instructions for laser hair removal treatment.

Patient Name

Patient Signature

Date

Technician Signature

Date



INFORMED CONSENT FOR LASER HAIR REMOVAL

Patient's Name: _____

Date of Birth: _____

Treatment Areas: Please date, write in treatment area, and initial each area we will be treating.

Date	Area	Initials	Date	Area	Initials
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I duly authorize the staff at MD Body & Med Spa to perform the treatments. I understand that removal with selective laser light has been shown to be a safe alternative to methods used for removing cosmetically unwanted hair, such as shaving, waxing, chemical depilation and electrolysis. I have been specifically advised that:

- The clinical evaluation of laser depilation is ongoing, but initial studies and our experience show that an average of eight (8) treatments are required to achieve a satisfactory cosmetic result, depending upon the area being treated. Laser hair removal is most effective on hair that is brown or black. Maintenance treatments may be required.
- The treated area should be protected from tanning or sun exposure for four (4) weeks prior to treatment and for two (2) weeks after treatment. These measures are required to reduce the incidence of possible side effects. Pre-treatment medication may be required to prevent rare side effects. Treatment areas exposed to sun or tanning must be reported prior to treatment. The consistent use of sunblock is advised at all times.
- The use of a local anesthetic (EMLA or a combination of tetracaine and lidocaine cream) **is advised** to numb the skin.
- Protective goggles **must** be worn to protect eyes during the procedure.
- Follow-up instructions must be adhered to for reduction of side effects.
- Freckles and pigmented lesions may temporarily or permanently disappear. Dormant or spared follicles will show re-growth. **The effectiveness of treatment is dependent on patient compliance, hair color, skin color, and the time of new hair emergence. Treatment frequency varies for each patient and for the treated area. It ranges from 4-12 weeks.**
- Side effects and subsequent recommendations include:

• Discomfort	100%	Rx EMLA or a combination of tetracaine and lidocaine
• Redness	100%	1-3 days. Apply cold compresses; take Tylenol or Ibuprofen if no allergies to these medications.
• Hives	Rare	Preventive treatment may be necessary. Report any reaction immediately. Follow up is mandatory. Over the counter drugs such as Claritin or Benadryl may be used. Notify the office at 303.220.1100 (GV) or 303.466.0100 (WMR).
• Blistering	1-8%	Topical antibiotic ointment (Neosporin, Bacitracin), clean twice daily. Mandatory follow up at MD Body & Med Spa and skin care as directed.
• Transient pigment change (increase or decrease in pigment)	<6%	Duration unknown, pigment changes may increase with sun exposure. Pigment changes are unpredictable.
• Transient skin texture change	Rare	Resolves within 1-4 months.
• Hair shedding, dryness, or flakiness for 2-5 weeks		Exfoliation techniques
• Permanent pigment changes		Unknown at present
• Scarring	Rare	Mandatory follow up at MD Body & Med Spa and skin care as directed.

I certify that I have been fully informed by the staff at MD Body & Med Spa of the nature and purpose of the procedure, expected outcomes and possible complications. I understand that no guarantee can be given as to the final result obtained. I confirm that I have used the pre-treatment medications if directed to do so, and that if a woman, I am not pregnant at this time. I am fully aware that my condition is of cosmetic concern and that the decision to proceed with treatment is based solely on my expressed wish to do so. I certify that I have no excessive scarring, keloids and have not taken Accutane for at least 3 months. I have read and understand the MD Body & Med Spa General Information sheet. I have been given the opportunity to ask questions and hereby certify that I have read and fully understand the contents of this consent form before signing below.

Patient Signature

Date

Technician Signature

Date



Cancellation/Rescheduling & Payment Policy

Payment: Payment in full is required on or before day of initial treatment. The following payment options are available:

Cash or Check: You may pay for your treatment with Cash, Check or Cashier's Check. All returned checks will be assessed a return check charge of \$30.00 each time a check is returned, regardless of the reason.

Credit Cards: We accept Visa, MasterCard, American Express and Discover.

GreenSky: Medical finance program approved for our practice.

Punctuality: Please arrive 15 minutes early so you can be well-prepped and enjoy an unhurried transition into your treatment.

Arriving Late: Arriving late will interfere with your treatment, therefore, making the treatment time needed insufficient. Your treatment will end at your scheduled time not to interfere with the next appointment.

No show: We strongly encourage you to communicate with us. If you fail to arrive for your scheduled treatment time without having notified us, you will be subject to lose your deposit or future appointments. A no show will also disengage or void any agreements you may have with our office.

Cancellation: We take pride in the appropriate reservation of your procedural date and scheduled time. Our priority is to schedule procedures that can be attended to with the utmost of care. Our office scheduling policy is very time sensitive due to constraints of the procedure. Therefore, please understand the importance of respecting our one week cancellation/reschedule policy.

Our one week cancellation/reschedule policy is very strict. If you fail to reschedule your appointment one week prior to initial appointment, cancel or do not show, you are subject to lose your future appointments and or deposit / unused money.

Cancellation 8 or more days prior to your scheduled appointment date: will result in 5% loss of all fees to cover Credit Card charges.

Cancellation 4-7 days prior to your scheduled appointment date: will result in a 25% loss of all fees.

Cancellation on the day of, or less than 72 hours prior to your scheduled appointment date will result in a 50% loss of all fees.

No refunds after initial treatment.

Patient Name

Patient Signature

Witness

Date

Date



Privacy Notice and Authorization

As you are no doubt aware, major changes in Federal privacy requirements – the HIPAA privacy regulations obligate most physician practices to provide notice about privacy rights and detailed policies designed to protect your privacy. These requirements were put into place because increased patient information is being shared in digital format over computer networks.

MD Body & Med Spa is committed to protecting patient confidentiality. You should understand the following with regard how we treat your personal health information.

1) When you register as a new patient, you will be asked to sign an authorization, also provided below, that includes a release of information that allows us to request and obtain records from practitioners that you have seen for the purpose of assisting us in your treatment. If you desire records to be sent to a health provider you have not yet seen, a family member, an attorney, or other party outside of this list, you must first sign a release of information before we can forward your information. You may be subject to fees.

2) We cannot release information to family members, other than parents or legal guardians, even if they are involved in your care, without your written permission.

3) In order to assure quality of care, MD Body & Med Spa records are occasionally reviewed both internally and by outside consultants in legal, clinical, and other concerns that affect the quality of services we provide. Only necessary information is accessed, and any such review is by a professional staff working under the condition of confidentiality.

4) If you wish to limit the nature of information that is released, or the parties noted above to whom information may be provided, please ask to meet with a MD Body & Med Spa privacy coordinator to discuss limitations. In some instances, MD Body & Med Spa may not be in a legal position to honor requested limitations.

5) We may be required by law, in some cases, to make disclosure of your record that you have not authorized. Examples are subpoenas in criminal or civil litigation, or requests/surveys by licensure agencies of the US Department of Health and Human Services.

6) Because MD Body & Med Spa is subject to HIPAA, MD Body & Med Spa practices long established and useful business practices, such as providing you with appointment reminders, notifying you of lab results, or using sign-up sheets, but we will take steps to do so in a fashion that takes your privacy expectations into account. Please inform staff of any limitations you would like us to honor in this regard.

7) MD Body & Med Spa reserves the right to charge for copying and forwarding your health records.

8) While the records of the care we provide are MD Body & Med Spa property, we will make them available for your inspection and provide copies at a reasonable fee. If you have any concerns about your health records, please ask to speak with a MD Body & Med Spa Medical Staff member.

9) I have been offered the patient right to review the Complete HIPAA compliance document and understand that MD Body & Med Spa will comply to protect my privacy.

Please acknowledge review of this notice and authorization of this release of medical information by signing below.

Patient Signature

Date

Witness

Date